

**GRIEF CARE TO CHILDREN ORPHANED BY HIV AND AIDS WITHIN  
NAIROBI PROVINCE KENYA: TOWARDS A PASTORAL STRATEGY  
FOR IDENTITY FORMATION**

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**DECEMBER 2014**

## **DECLARATION**

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## SUMMARY

This thesis deals with pastoral grief care for children orphaned through HIV and AIDS in Nairobi City County in Kenya (formerly Nairobi Province in Kenya). This concern developed as a result of realising that children's grief is rarely attended to before, during and after burial in most Kenyan communities. The research question that guided the research was: *What theoretical, theological and contextual pastoral intervention strategy can the church use to provide grief care to children orphaned through HIV and AIDS?* To respond to this question, the research had four objectives, which helped the researcher to remain focused on the key problem.

An empirical research design was adopted to establish the impact the death of parents has on children and to examine how their grief has been responded to, particularly by the church. It was clear that children do experience grief that manifests in various forms including emotional, behavioural, cognitive, spiritual and physical responses. Grief is also heightened by the events that transpire after the death of parents plus the status of the children as double orphans, paternal orphans or maternal orphans. Despite the fact that children are overwhelmed by grief and grief-related issues when their parents die, the family and community as well as the church, rarely provide children with grief care.

Through a literature study the research engaged with other disciplines in order to broaden the understanding of children's grief. The study revealed that children's development in general is affected by their grief and their stage of development, in turn, has an effect on their grief. However, it should be noted that African cultures have great impact on the development of African children and their grief. It was also noted that African people have their own way of grieving and mourning when a family loses a person through death. Various rituals that are calculated to help the mourning family work through the grief process are performed. Interestingly, children rarely participate in the performance of such rituals.

It was very clear that, in order to provide pastoral grief care to children orphaned through HIV and AIDS, it is of utmost importance to understand the nature of human beings in relation to God. Such an understanding could determine how the church responds to the

grieving children's situation. It is suggested that the church should work closely with the family, community and institutions in order to provide meaningful pastoral grief care within an African setting. It was argued that various rituals performed during funeral ceremonies are of help in grieving and the mourning process; hence it is suggested that children should also be given the opportunity to participate in performing the rituals. It is noted that the Christian and cultural rituals that are relevant to grief care could be employed.

Given the above understanding, a pastoral intervention strategy for grief care to children orphaned through HIV and AIDS is proposed. Different interventions that respond to children's grief and grief-related issues before, during, and after burial are discussed.

## OPSOMMING

Hierdie tesis ondersoek die pastorale vertroosting van kinders wat in die *Nairobi City County* in Kenya (die voormalige Nairobi Provinsie) as gevolg van MIV en vigs wees gelaat is. Dit bied 'n pastorale ingrypingstrategie in reaksie tot die verdriet van kinders wat as gevolg van MIV en vigs as wese atergelaat is. Kommer hieroor het ontstaan by die besef dat die bedroefdheid van kinders in die meeste Keniaanse gemeenskappe selde vóór, tydens of ná 'n begrafnis aandag kry. Die navorsingsvraag wat die navorsing gerig het, was: *Watter teoretiese, teologiese en kontekstuele pastorale intervensiestrategie kan deur die kerk gebruik word om vertroosting vir treurende kinders wat vanweë MIV en vigs wese geword het, te bied?* Vier doelstellings is vir die beantwoording van hierdie vraag opgestel om te verseker dat die navorser se fokus op die kernprobleem ingestel bly.

'n Empiriese navorsingontwerp is gekies om die impak van die dood van ouers op kinders te bepaal en uit te vind hoe hul bedroefdheid, veral deur die kerk, hanteer is. Dit was duidelik dat kinders wel treur, en dat hul droefheid in die vorm van emosionele, gedrags-, kognitiewe, geestelike en fisiese reaksies geopenbaar word. Die intensiteit van kinders se droefheid word ook verhoog deur gebeure wat op die dood van die ouers volg, sowel as die kinders se status as dubbele weeskinders of as vaderlose of moederlose weeskinders. Ten spyte van die feit dat kinders deur hartseer en verdriet-verwante aangeleenthede oorweldig word wanneer hul ouers sterf, bied die familie en die gemeenskap, sowel as die kerk, selde vertroostende sorg aan sulke kinders.

Die navorser het ander dissiplines deur middel van 'n literatuurstudie betrek om begrip van kinderdroefheid te verbreed. Die studie het onthul dat kinders se ontwikkeling in die algemeen deur hul bedroefdheid geaffekteer word en dat hul fase van ontwikkeling weer hul droefheid beïnvloed. Daar moet egter in ag geneem word dat Afrika-kulture 'n groot impak op die ontwikkeling van kinders van Afrika en hul verdriet het. Dat mense van Afrika droefheid en rou op 'n eie manier bedryf wanneer 'n familielid te sterwe kom, moet ook in ag geneem word. Daar is 'n verskeidenheid rituele wat daarop gemik is om die roubeklaers in staat te stel om die rouproses te deurwerk. Kinders neem selde hieraan deel.

Dit was duidelik dat dit van uiterste belang is om die natuur van die mens in verhouding tot God te verstaan om vertroostende pastorale sorg aan kinders wat vanweë MIV en vigs wees geword het, te bied. Die verstaan hiervan kan bepaal hoe die kerk op die situasie van kinders wat treur, reageer. Die voorstel is dat die kerk noue samewerking met die familie, die gemeenskap en instellings moet handhaaf om betekenisvolle vertroostende pastorale sorg binne die Afrika-opset te bied. Daar word aangevoer dat die verskillende rituele wat gedurende begrafnis seremonies uitgevoer word, van hulp is in rou en die rouproses, dus word voorgetel dat kinders 'n geleentheid moet kry om aan die rituele deel te neem. Christelike en kulturele rituele wat van toepassing is kan gebruik word.

'n Pastorale intervensiestrategie vir vertroostende sorg aan kinders wat as gevolg van MIV en vigs wees gelaat is, word aan die hand van die bogenoemde insig voorgestel. Verskillende ingrypings wat op die kind se hartseer en rou-verwante kwessies vóór, gedurende en ná die begrafnis betrekking het, word bespreek.

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## **DEDICATION**

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## TABLE OF CONTENTS

DECLARATION .....	ii
SUMMARY .....	iii
OPSOMMING .....	v
ACKNOWLEDGEMENTS .....	vii
DEDICATION .....	viii
TABLE OF CONTENTS.....	ix
ACRONYMS .....	xvi
LIST OF FIGURES .....	xvii
LIST OF TABLES .....	xviii
LIST OF APPENDICES.....	xix
CHAPTER 1 .....	1
INTRODUCTION .....	1
1.1 Background to the research.....	1
1.2 Motivation for the research.....	4
1.3 Problem Statement .....	6
1.4 Research question .....	8
1.5. Research objectives.....	8
1.6 Theoretical framework.....	9
1.7 Research methodology.....	18
1.8 Pilot study .....	20
1.9 Research team .....	23
1.10 Ethical approval .....	24
1.11 Definition of terms .....	24
1.12 Outline of the Chapters .....	26
1.13 Conclusion .....	29
CHAPTER 2 .....	30
GRIEF AND MOURNING AMONG CHILDREN ORPHANED THROUGH HIV AND AIDS IN NAIROBI CITY COUNTY, KENYA: EMPIRICAL RESEARCH..	30
2.1 Introduction.....	30
2.2 Geographical location and socio-economic background of the research areas .	31
2.3 Research Methodology .....	36
2.3.1 The study areas .....	36
2.3.2 The Population Sample .....	40

2.3.3	Sampling procedure .....	43
2.3.4	Inclusion and Exclusion Criteria.....	45
2.3.5	Data collection instruments.....	45
2.3.6	Data collection procedure .....	47
2.3.7	Data capturing and editing procedure .....	50
2.3.8	Data analysis .....	51
2.4.	Presentation of data analysis.....	52
2.4.1	Presentation of analysis of children's data.....	52
2.4.1.1	Grief experiences .....	53
2.4.1.1.1	Emotional grief experiences .....	54
2.4.1.1.2	Behavioural grief experiences.....	65
2.4.1.1.3	Cognitive grief experiences .....	68
2.4.1.1.4	Spiritual grief experiences .....	70
2.4.1.1.5	Physical grief experiences.....	71
2.4.1.1.6	Concluding remarks regarding grief experiences .....	71
2.4.1.2	Bereavement circumstances.....	72
2.4.1.2.1.	The person with whom the child lives .....	73
2.4.1.2.2	Mode of learning about parents' death .....	75
2.4.1.2.3	Knowledge of the cause of parents' death .....	78
2.4.1.2.4	Financial Limitations .....	79
2.4.1.2.5	Physical issues .....	83
2.4.1.2.6	Social issues .....	84
2.4.1.2.7	Home visitation experiences .....	86
2.4.1.3	Type of orphanhood.....	87
2.4.1.3.1	Concluding remarks regarding type of orphanhood .....	90
2.4.1.4	Concluding remarks on the presentation of the analysis of data from children .....	90
2.4.2	Presentation of analysis of data from pastors .....	91
2.4.2.1	The role of the church in providing grief care to children.....	91
2.4.2.1.1	Knowledge about children in the church who are orphaned through HIV and AIDS .....	92
2.4.2.1.2	Grief care provided to children before burial of their parents .....	93
2.4.2.1.3	Children's participation on the burial day .....	96

2.4.2.1.4	Grief care to children after burial.....	98
2.4.2.1.5	A typical funeral consolation service.....	99
2.4.2.1.6	Pastors' training in grief care to bereaved children .....	100
2.4.2.1.7	Concluding remarks on the presentation of the analysis of data from pastors .....	100
2.5	Conclusion .....	101
CHAPTER 3 .....		102
PERSPECTIVES ON CHILDHOOD EXPERIENCES OF GRIEF .....		102
3.1	Introduction.....	102
3.2	Children's development .....	104
3.2.1	Social development.....	105
3.2.1.1	Erik Erikson's concept of child social development.....	105
3.2.1.2	Albert Bandura's concept of child social development .....	108
3.2.2	Cognitive development .....	109
3.2.2.1	Lev Semyonovitch Vygotsky's theory of cognitive development.....	110
3.2.2.2	Jean Piaget's theory of cognitive development .....	112
3.2.3	Moral development .....	114
3.2.3.1	Jean Piaget's theory of moral development .....	114
3.2.3.2	Lawrence Kohlberg's theory of moral development .....	115
3.2.3.3	Gilligan's theory of moral development .....	117
3.2.4	Faith Formation.....	118
3.2.4.1	James Fowler's theory of faith formation .....	118
3.2.4.2	The Christian education perspective on faith formation.....	120
3.2.5	Physical development .....	124
3.2.6	African communal solidarity and its effect on children's development ....	126
3.2.7	African spirituality and its influence on child development.....	130
3.3	Grief perspectives .....	132
3.3.1	Understanding grief as a process .....	133
3.3.1.1	Spiegel's (1977) understanding of the grief process.....	134
3.3.1.2	Bowlby's (1980) understanding of the grief process.....	136
3.3.1.3	Worden's (1991) four tasks of mourning.....	137
3.3.2	Grieving and mourning in the African community.....	138
3.3.3	A typical bereavement setting in Kenya .....	140
3.3.4	The significance of funeral rituals .....	144

3.3.5	Some common pre-burial rituals.....	147
3.3.6	Some common post-burial rituals .....	148
3.3.7	Children's understanding of death .....	149
3.3.8	Bereaved children's grief reactions .....	152
3.4	Conclusion .....	156
CHAPTER 4 .....		158
TOWARDS GRIEF CARE FOR CHILDREN ORPHANED THROUGH HIV AND AIDS WITHIN AN AFRICAN SETTING: A PASTORAL THEOLOGICAL PERSPECTIVE.....		158
4.1	Introduction.....	158
4.2	Theological anthropology towards grief care .....	161
4.2.1	Understanding the notion of human persons being created in the image of God.....	164
4.2.2	The function of Christology in theological anthropology.....	169
4.2.3	Function of Pneumatology in theological anthropology.....	172
4.3.	A hermeneutical approach to pastoral grief care .....	175
4.3.1	Goals in pastoral grief care and counselling .....	177
4.3.2	The Eco-systemic approach .....	180
4.3.3	An intercultural approach for pastoral grief care .....	183
4.3.4	Symbols and rituals in pastoral grief care.....	186
4.3.5	Compassion.....	191
4.4	Models of good practice towards pastoral grief care .....	194
4.4.1	The healing model.....	196
4.4.2	The sustenance model .....	201
4.4.3	The guidance model .....	202
4.4.4	The reconciliation model .....	204
4.5	Conclusion .....	206
CHAPTER 5 .....		209
CARING FOR CHILDREN ORPHANED THROUGH HIV AND AIDS: A PASTORAL INTERVENTION STRATEGY .....		209
5.1	Introduction.....	209
5.2	Discussion of data analysis .....	211
5.2.1	Discussion on analysis of children's data .....	211
5.2.1.1	Discussion on grief experiences.....	211
5.2.1.1.1	Emotional grief experiences .....	212

5.2.1.1.2 Behavioural grief experiences.....	217
5.2.1.1.3 Cognitive grief experiences .....	218
5.2.1.1.4 Spiritual grief experiences .....	220
5.2.1.1.5 Physical grief experiences.....	220
5.2.1.2 Discussion on circumstances of bereavement.....	221
5.2.1.2.1 The person with whom the child lives .....	222
5.2.1.2.2 Mode of learning about parent's death .....	222
5.2.1.2.3 Knowledge of the cause of parents' death .....	222
5.2.1.2.4 Financial limitations.....	223
5.2.1.2.5 Physical issues .....	224
5.2.1.2.6 Social issues .....	225
5.2.1.2.7 Home visitation experiences .....	226
5.2.1.3 Discussion on types of orphanhood .....	226
5.2.2 Discussion on analysis of data from pastors .....	229
5.2.2.1 The role of the church in providing grief care to children .....	229
5.2.2.1.1 Knowledge of children in the church who are orphaned through HIV and AIDS .....	229
5.2.2.1.2 Grief care for children before burial of parents .....	230
5.2.2.1.3 Children's participation in burial ceremonies .....	231
5.2.2.1.4 Grief care for children after burial of parents .....	232
5.2.2.1.5 A typical Funeral Consolation Service .....	232
5.2.2.1.6 Pastoral training on grief care for bereaved children.....	233
5.3 A Pastoral Intervention Strategy .....	234
5.3.1 Pastoral interventions for responding to children's grief before burial of their parents.....	234
5.3.1.1 Facilitating children about the concept of death .....	235
5.3.1.2 Presenting children with news of death .....	238
5.3.1.3 Home visitation.....	241
5.3.2 Interventions towards grief care for children during the burial day .....	243
5.3.2.1 Telling the children what to expect when viewing the body .....	244
5.3.2.2 Church funeral service .....	245
5.3.2.3 Burial ceremony and 'letting go' .....	246

5.3.3	Caring for children orphaned through HIV and AIDS after the burial of their parents .....	247
5.3.3.1	Grief Experiences.....	248
5.3.3.1.1	Emotional healing of grief .....	248
5.3.3.1.2	Cognitive grief experiences - Exploring children's dreams and preoccupation of mind with their deceased parents .....	250
5.3.3.1.3	The spiritual grief experience: Facilitating spiritual growth.....	251
5.3.3.1.4	Behavioural and physical grief experiences .....	252
5.3.3.2	Grief-related issues .....	252
5.3.3.2.1	Spiritual nurture .....	253
5.3.3.2.2	Financial support.....	254
5.3.3.2.3	Interventions for social issues .....	258
5.3.3.2.4	Physical health care support.....	259
5.4	Conclusion .....	259
CHAPTER 6 .....		262
CONCLUSION, RECOMMENDATIONS AND POSSIBLE FURTHER RESEARCH .....		262
6.1	Introduction.....	262
6.2	Research findings and conclusion.....	263
6.2.1	Objective 1: To demonstrate that children orphaned through HIV and AIDS in Nairobi City County, Kenya, experience grief after losing their parents and therefore require grief care.....	263
6.2.2	Objective 2: To engage with other theoretical disciplines to broaden the understanding of children's grief.....	264
6.2.3	Objective 3: To provide a pastoral theological perspective towards grief care for children orphaned through HIV and AIDS within an African setting .....	266
6.2.4	Objective 4: To present a pastoral intervention strategy that the church can use to respond to the grief of children orphaned through HIV and AIDS. .	267
6.3	Recommendations.....	270
6.3.1	Implementing the pastoral intervention strategy.....	270
6.3.2	Transforming socioeconomic structure: An obligation of the church, civil society and the government .....	270
6.3.3	Ministry of advocacy .....	270
6.3.4	Improving theological training and building an ecclesial community of care .....	271

6.3.5	Referral .....	271
6.4	Possible further future research .....	271
6.5	General Conclusion.....	272
	BIBLIOGRAPHY .....	275
	APPENDIX 1 .....	289
	INSTITUTION AND PROGRAMME INFORMED CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH.....	289
	APPENDIX 2.....	292
	ASSENT: EXPLANATION TO THE CHILDREN ON THE NATURE OF THE RESEARCH.....	292
	APPENDIX 3.....	293
	ASSENT BY THE CHILD.....	293
	APPENDIX 4.....	294
	GUARDIAN'S INFORMED CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH.....	294
	APPENDIX 5.....	297
	PASTOR'S INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH.....	297
	APPENDIX 6.....	300
	SEMI-STRUCTURED FORMAT.....	300
	APPENDIX 7.....	301
	FORMAT FOR THE FOCUS GROUP.....	301
	APPENDIX 8.....	302
	STELLENBOSCH UNIVERSITY ETHICAL CLEARANCE CERTIFICATE .....	302
	APPENDIX 9.....	303
	NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY, RESEARCH AUTHORISATION.....	303

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HIV	Human Immunodeficiency Virus
NACC	National AIDS Control Council
NASCOP	National AIDS and STI Control Programme
NGO	Non-Governmental Organisation
PTSD	Post-traumatic stress disorder
OSP	Overarching Strategic Plan
UNICEF	United Nations International Children's Emergency Fund also known as United Nations Children's Fund
UNAIDS	United Nations Programme on HIV/AIDS



## LIST OF FIGURES

Figure 1.1: The four tasks of Practical Theological Interpretation	15
Figure 2.1: The houses in Mukuru slums	39
Figure 2.2: A picture showing houses in the Kibera slums	40
Figure 2.3: A drainage system in Kibera	41
Figure 2.4: Code families	53
Figure 2.5: Grief experiences	55
Figure 2.6: A ranked display of emotional feelings of grief	56
Figure 2.7: Behavioural grief experiences	66
Figure 2.8: Cognitive grief experiences	69
Figure 2.9: Circumstances of bereavement	74
Figure 2.10: Financial Limitations	81
Figure 2.11: Social issues	85
Figure 2.12: The role of the church in providing grief care to children	93
Figure 3.1: Developmental perspectives	107
Figure 4.1: The Eco-system	185

## **LIST OF TABLES**

Table 2.1: Children's social demographic characteristics	42
Table 2.2: Pastors' social demographic profiles	44
Table 2.3: Number of focus group discussions	47
Table 2.4: Persons with whom the children were living	75
Table 2.5: Mode of learning of parents' death	77
Table 2.6: Knowledge of the cause of parents' death	79
Table 2.7: Type of orphanhood	89

## **LIST OF APPENDICES**

<b>APPENDIX 1</b>	<b>INFORMED CONSENT FROM INSTITUTIONS AND PROGRAMMES FOR CHILDREN TO PARTICIPATE IN THE RESEARCH</b>
<b>APPENDIX 2</b>	<b>EXPLANATION OF ASSENT FOR THE CHILDREN ON THE NATURE OF THE RESEARCH</b>
<b>APPENDIX 3</b>	<b>ASSENT FROM THE CHILD</b>
<b>APPENDIX 4</b>	<b>GUARDIAN'S INFORMED CONSENT FOR CHILDREN TO PARTICIPATE IN THE RESEARCH</b>
<b>APPENDIX 5</b>	<b>PASTOR'S INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH</b>
<b>APPENDIX 6</b>	<b>SEMI-STRUCTURED INTERVIEW SCHEDULE</b>
<b>APPENDIX 7</b>	<b>FOCUS GROUP DISCUSSION SCHEDULE</b>
<b>APPENDIX 8</b>	<b>STELLENBOSCH UNIVERSITY ETHICAL CLEARANCE CERTIFICATE</b>
<b>APPENDIX 9</b>	<b>NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY, RESEARCH AUTHORISATION</b>

## CHAPTER 1

### INTRODUCTION

#### 1.1 Background to the research

According to the United Nations Programme on HIV and AIDS report on the Global AIDS Epidemic (UNAIDS, 2013), this epidemic has devastating effects on families and communities worldwide. One of the effects is that children are orphaned through the death of their parents.<sup>1</sup> Worldwide, it is estimated that 17.8 million children under 18 years have been orphaned through AIDS and that this will rise to 25 million by 2015. Out of the 17.8 million children, 15.1 million children live in sub-Saharan Africa. This is a significant number of children orphaned through HIV and AIDS when compared to the global statistics. It is of interest that, a larger proportion of orphans have lost their parents to AIDS than to any other cause of death, for example 74 percent in Zimbabwe and 63 percent in South Africa are orphaned due to AIDS.<sup>2</sup> According to the National AIDS Control Council (NACC) and the National AIDS and STI Control Programme (NASCO), 1.1 million children in Kenya, had lost one or both parents to AIDS as of December 2011 (NACC & NASCO, 2012:2-9).

The prevalence of the HIV and AIDS epidemic is a major problem in many countries. This is acknowledged by the global statistics of HIV and AIDS (UNAIDS, 2013:4) which estimate that there were 35.3 million people living with HIV and AIDS as at the end of 2012. However, the number of people newly infected worldwide continues to drop. In the same year there were 2.3 million new HIV infections globally, showing a 33 percent decline in the number of new infections from 3.4 million in 2001. The number of AIDS

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<sup>1</sup>[http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf) - 14th November, 2014.

<sup>2</sup> <http://www.avert.org/children-orphaned-hiv-and-aids.htm> - 14th November, 2014.

deaths is also declining with 1.6 million AIDS deaths in 2012, down from 2.3 million in 2005.<sup>3</sup>

The report on the Kenyan AIDS epidemic that was published by the National AIDS Control Council (NACC) and National AIDS and STI Control Programme (NASCOP) in 2014 indicates that an estimated 6 percent of adults between the ages of 15 and 49 were living with HIV in 2013.<sup>4</sup> The new HIV Infections among all adults declined by 15 percent nationally from 105,000 in 2000 to 88,620 in 2013. Among the children a decline was noted from 44,000 in 2000 to 12,940 in 2013. While the decline in HIV prevalence is encouraging, the total number of people living with HIV (PLHIV) in Kenya was estimated to be 1.6 million in 2013. Children under 15 years of age account for 12 percent of all people living with HIV and an estimated 58 percent (815,630) of all adults living with HIV in Kenya are women.<sup>5</sup>

In Kenya, the HIV and AIDS epidemic was declared a national disaster by the then President of Kenya, Daniel Arap Moi in 1999.<sup>6</sup> The Kenyan government was slow to respond to the challenges posed by HIV and AIDS and the failure to make some political commitment was strongly criticised by several NGOs. In view of NGOs, HIV and AIDS were both preventable and manageable, but the disease escalated into a pandemic or national disaster<sup>7</sup>. The disease therefore shifted from being a health problem to becoming a socio-economic and political issue. In fact, the disease has led to large reductions in the family income (Waruta & Kinoti, 2005:94). Reduction of income is not felt at the family level only; sectors such as agriculture and industries are also affected. This is the result of reduced productivity, mainly due to absenteeism of employees who are living with the HI virus. The indirect effect of absenteeism is that healthy employees have to stand in for sick

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<sup>3</sup>[http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS\\_Global\\_Report\\_2013\\_en.pdf](http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/UNAIDS_Global_Report_2013_en.pdf) - 14th November, 2014

<sup>4</sup>[http://www.nacc.or.ke/attachments/article/428/HIV%20estimates%20report%20Kenya%202014\\_print.pdf](http://www.nacc.or.ke/attachments/article/428/HIV%20estimates%20report%20Kenya%202014_print.pdf) – 14<sup>th</sup> November, 2014

<sup>5</sup>[http://www.nacc.or.ke/attachments/article/428/HIV%20estimates%20report%20Kenya%202014\\_print.pdf](http://www.nacc.or.ke/attachments/article/428/HIV%20estimates%20report%20Kenya%202014_print.pdf) – 14<sup>th</sup> November, 2014

<sup>6</sup><http://www.avert.org/hiv-aids-kenya.htm> - 30th September, 2011

<sup>7</sup><http://www.mpra.ub.uni-muenchen.de/952/> - 4<sup>th</sup> July, 2009

colleagues. They work extra hours to compensate for the time lost by their sick absent colleagues (Garland & Blyth, 2005:117).

Muindi, Kiio, Kombo, Kithinji and Wainaina (2003:37-38) note that the consequences of AIDS are heavy at the social level, and that women suffer the most. For example, in some communities in Kenya some widows are denied the right to inherit their husbands' property after the death of their husbands from AIDS and, in some situations, they are excommunicated from their community. The death of a member of a family does not affect the widows only but friends, relatives and children also encounter profound stigma and discrimination (Waruta & Kinoti, 2005:94).

When children in African countries lose one parent, they continue to live in the care of the surviving parent or a relative. In situations where both the mother and the father die due to HIV and AIDS-related diseases, children are often taken care of by their grandparents, aunts and uncles (Garland & Blyth, 2005:260). In Kenya, like in many other sub-Saharan African countries, the extended family network is becoming extremely overwhelmed, due to poverty and the increase of children orphaned through HIV and AIDS. As a result, institutionalised care is becoming a popular form of rehabilitation for these children (O'Donohue & Vitillo, 1997:82). Institutions such as the Nyumbani Children's Home<sup>8</sup> and the Undugu Society of Kenya provide alternative homes for the children where they are provided with social, economic, medical and emotional support (Muindi *et al.*, 2003:53). However, Van Dyk (2008:351) argues that institutions such as orphanages are generally the most inappropriate interventions for orphans and should be the last resort when other options are unavailable or inappropriate. According to Van Dyk, orphanages are doing the best they can; however, emotional and psychological needs can seldom be met in an orphanage. As such, the church (this term will be explained in part 1.11) should take cognisance of the fact that children orphaned through HIV and AIDS need to be integrated in her ecclesial praxis.

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<sup>8</sup> These institutions are orphanages (residential institutions) that are devoted to the care of orphans – children whose natural parents are deceased or otherwise unable or unwilling to care for them.

The presupposition of this research is that children orphaned through HIV and AIDS need pastoral grief care in order for them to cope and adjust to the loss of their parents through death. The focus of this research therefore is to formulate a pastoral intervention strategy that the church can use to address children's grief before, during and after the burial of one or both parents due to HIV and AIDS. The researcher is aware that studies have been conducted among bereaved children (Sengendo & Nambi, 1997;<sup>9</sup> Makame, Ani & Grantham-McGregor, 2002;<sup>10</sup> Makaya *et al.*, 2002;<sup>11</sup> Atwine, Cantor-Graae & Bajunirwe, 2005;<sup>12</sup> Cluver & Gardner, 2006<sup>13</sup>), but there is no evidence that points to a specific study on pastoral grief care to children orphaned through HIV and AIDS within the Nairobi City County, Kenya.

## 1.2 Motivation for the research

The problem statement served as one of the motivating factors of this research project. It is argued that, as in many other countries in Africa, when families in Kenya experience the loss of loved ones the community, which includes the church, pays less attention to bereaved children than to adults (Oyugi, 2008:3). As such, children's grief is not responded to before during and after burial.

The other motivating factor for the research was the researcher's experience as a student at the seminary where she, together with two of her colleagues, had the opportunity to train caregivers in an institution that provided children with basic needs. However, a majority of the children were children orphaned through HIV and AIDS. The head of the institution

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<sup>9</sup> James Sengendo and Janet Nambi conducted a study in Rakai District, Uganda, on the psychological effect of orphanhood. *Health Transitions Review* 1997, 7:105-124.

<sup>10</sup> Makame *et al.* (2002) investigated the psychological wellbeing of orphans in Dar-es-Salaam, Tanzania, using forty-one orphans who lived in the poor suburbs of Dar-es-Salaam and whose fathers and/or mothers had died from AIDS.

<sup>11</sup> Makaya *et al.* (2002) conducted a study under the programme Caring for AIDS orphans in Brazzaville which was financed by UNICEF, Congo. The number of children under study was 354 and 217 of them were below 15 years. The study aimed to assess the psychological repercussion of AIDS orphans in Brazzaville.

<sup>12</sup> Atwine, Cantor-Graae and Bajunirwe (2005) conducted a study whose objective was to investigate the psychosocial consequences of AIDS orphanhood in a rural district in Uganda and to identify potential areas for future intervention.

<sup>13</sup> Cluver and Gardner (2006) conducted a study to investigate mental health outcomes for urban children living in deprived settlements in Cape Town, South Africa. The study used control and non-control groups with the control group consisting of children orphaned by AIDS.

felt that the children were not getting proper care, as the caregivers had no basic training in counselling or in taking care of bereaved children. He therefore invited the researcher and her colleagues to conduct training among the caregivers on various topics such as counselling skills and issues relating to trauma.

The caregivers in this institution affirmed that some orphaned children experienced nightmares, fear and anxiety, as well as withdrawal, while others expressed sadness through crying. As they narrated the condition of the children, it emerged that the caregivers were unable to associate the children's behaviours and emotions with the loss of their parents and they ended up misinterpreting these behaviours and emotions. For example, there was a child of about seven years old who was always withdrawn and one of the caregivers thought the child simply did not want to mix with other children.

Training sessions were conducted for the caregivers during the day and the researcher and her colleagues joined the children in their worship and praise sessions in the evening. As the researcher listened to the soft voices of these children praising and praying to God, her heart was filled with compassion for them. She remembered the verse "*Whom shall I send? And who will go for us?*" And I said, "*Here am I. Send me!*" (Isaiah 6:8). This verse prompted the researcher to enrol for an extra course in Children's Ministry at the seminary to equip her with knowledge and skills for ministering to bereaved children. In the course of the study, she discovered that the main focus of the course was on children's spiritual growth and not quite on pastoral care to bereaved children. Consequently, training in how to provide pastoral grief care to bereaved children was not covered. The course therefore did not effectively meet the need of the researcher and this inspired the present research.

The current research is focused on formulating a pastoral intervention strategy that the church can use to make God's comfort, love and peace available to bereaved children before burial, during, and after the burial of their parents. In Kenya, the HIV epidemic has raised the question of how the church can best provide pastoral care and counselling to bereaved children. It therefore became apparent that a need existed to develop a pastoral care strategy relevant to the Kenyan context and one that can deeply appreciate human dignity and enhance values of love, compassion, care, understanding and inclusiveness.



### 1.3 Problem Statement

In Kenya, as in many other countries in Africa, the community, which includes the church, pays less attention to bereaved children than to the adults when families experience the loss of loved ones (Oyugi, 2008:3). Consequently, children's reactions of grief are not responded to before and after the burial. Jackson (2002:273), O'Connor (2004:117) and Oyugi (2008:3) affirm that children are often ignored or sheltered from death when their parents die while other family members are coping with the loss. Consequently, children end up being silent mourners and their needs go unattended.

Adults may not be equipped to help the children cope with the distress caused by the loss of their parents and, in some cases, may wrongly assume that children are not affected as much as grown-ups (Talitwala, 2002:22). Moreover, psychological problems that emanate from such situations are not always obvious and many adults in charge of orphans are not able to identify them. However, even where the problem may have been identified, there is a lack of knowledge in how to handle such psychological problems appropriately. In many cases, children are punished for showing their negative emotions, thereby adding to their pain (Sengendo & Nambi, 1997:106).

Lester (1985:27-31), explaining the reason why pastors do not attempt to provide grief care to children, states that pastors are often frustrated by their perception that they do not have the knowledge and skills to provide grief care effectively. Pastors also think that the bereaved parents or relatives may perceive offering grief care to children as an intrusion into the family's affairs. Another reason is that children can unwittingly reveal more about the family than parents would like and they might feel exposed; pastors may try to avoid this risk by avoiding the children altogether. Lester (1985:33) provides another reason why children may be neglected by the pastors and argues that few pastors are trained to care for children. According to Berinyuu (1989:96), theological training in most African countries does not adequately prepare pastors or even concretely provide them with the very basic skill of caring and being with those who need help.

It is significant to note that courses in pastoral care and counselling in institutions of higher learning do include studies in theories of personality development, which are important for

understanding children's development (Gichinga, 1999:15-26). Lester (1985:34), however, states that theories usually focus on understanding and counselling adults and attention is rarely given to pastoral care to children. In this regard, some pastors elect courses but the courses do not usually pursue either the uniqueness of a pastor's function with children or the care of bereaved children. As such, it is likely that experiences of grief among children orphaned through HIV and AIDS are not responded to, and this is because pastors are likely to feel inadequate in responding to children's grief.

Muindi *et al.* (2003:28) highlight some of the grief experiences and grief-related issues that children orphaned through HIV and AIDS encounter. Without parents, children are forced to take on the parents' role of supporting the family. According to a UNICEF (United Nations International Children's Emergency Fund) report, they go out to work to earn money for food and medication (UNICEF, 2003:2). The pressure of having to care for their younger siblings while trying to earn an income compels them to drop out of school. Furthermore, some of the children are neglected and often face stigmatisation and discrimination from the adults in whose care they are left.

Children occasionally lose their inheritance as in cases where they are cheated out of property and money that is rightfully theirs (UNICEF, 2003:2). As a result, they are impoverished and, without parents to educate and protect them, are vulnerable to every kind of abuse and risk, including becoming infected with HIV. They suffer more frequently from malnutrition, illness, abuse and sexual exploitation than those orphaned through other causes. Therefore, they live without dignity and their basic human rights are constantly violated. These children do not know how to "protect themselves and have no access to doctors, nurses and other health care workers and facilities" (Van Dyk, 2008:343).

Being associated with parents who have died of AIDS-related diseases causes children to be stigmatised, rejected and discriminated against (Waruta & Kinoti, 2005:94). In being associated with the death of their parents through HIV and AIDS, children lose their friends. Bereaved children might also choose to isolate themselves to protect themselves from unnecessary humiliation by their neighbours. When children isolate themselves or are isolated by their peers or community, it has serious implications for their development (Van

Dyk, 2008:346). According to Erickson (1963:258) and Vygotsky (1978:25), child development occurs through their interaction with other people.

Given this reality, there seems to be a valid reason for concern regarding pastoral grief care to children, more particularly children orphaned through HIV and AIDS. Pastoral grief care to children before burial, during, and after the burial of their parents would enable these children to experience God's comfort and love and to be enabled to cope and adjust to an environment without their parents.

#### **1.4 Research question**

Willig (2001:19) states that most projects are guided by one or more questions. A research question, according to Willig, is open-ended and cannot be answered with a simple 'yes' or 'no'. A research question calls for answers that provide detailed description and, where possible, also explanations of the phenomenon. The phenomenon in this research involves children and grief. Thus, the question that motivated the direction of the investigation is: *What theoretical, theological and contextual pastoral intervention strategy can the church use to provide grief care to children orphaned through HIV and AIDS?*

#### **1.5. Research objectives**

In light of the research problem and the research question, the objectives of this research were as follows:

- To demonstrate that, in the Nairobi City County, Kenya, children orphaned through HIV and AIDS experience grief after losing their parents and hence require grief care
- To engage with other theoretical disciplines to broaden the understanding of children's grief
- To provide a pastoral theological perspective towards grief care for children orphaned through HIV and AIDS within an African setting and
- To present a pastoral intervention strategy that the church can use to respond to the grief of children orphaned through HIV and AIDS.

## 1.6 Theoretical framework

This research is conducted within the discipline of practical theology and specifically in the sub-discipline of pastoral care and counselling. Anderson (2001:22) defines practical theology as a “dynamic process of reflective, critical inquiry into the praxis of the church in the world and God’s purpose for humanity, carried out in the light of Christian Scripture and tradition”. Fowler (1983:149) adopts a comparable understanding of the nature of practical theology. For Fowler, practical theology is a:

[t]heological reflection and construction arising out and giving to a community of faith in the praxis of its mission. Practical theology is critical and constructive reflection on the praxis of the Christian community’s life and work in its various dimensions (1983:149).

Heitink (1993:6), in his book *Practical Theology: History, Theory, Action Domains*, provides a comprehensive definition of practical theology. He points out that it deals with God’s activity through the ministry of human beings. Practical theology, according to Heitink (1993:6), is a theory of action and it is “empirically oriented theological theory of mediation of Christian faith in the praxis of modern society”. Heitink, like Louw (1998:87), is critical of the word ‘empirical’ theology he points out that this approach embodies just one of the approaches of the discipline and is therefore not suitable as a label for the whole branch of theology. Heitink thus prefers using practical theology, because, according to him, other terms are limiting to ministerial practice. Heitink (1993:6) prefers the term practical theology, although he is aware that it is also open to misunderstanding, which happens when practical is seen as the opposite of theoretical, since theory is the opposite to practice.

Anderson (2001:14) states that the relation of theory to praxis is at the centre of the discussion on practical theology. Praxis means action, but it is a particular form of action that should not be equated with the word practice. Swinton and Mowat (2006:17), in their book *Practical Theology and Qualitative Research* argue that the term ‘practice’ is related to particular technical procedures that ministers learn in order to minister effectively. Swinton and Mowat (2006:6) argue that the task of practical theology therefore is to remind the church of the ways in which it differs from the world and to ensure that the church’s practices remain faithful to the script of the gospel.

Like Anderson, Heitink (1993:7) contends that praxis means ‘action, activity’. But, praxis seeks to achieve a particular result and also reflects on the means of achieving the action and the end results (Anderson, 2001:47). Therefore, in responding to the grief of children in the situation of being orphaned through HIV and AIDS, the church should take urgent and necessary actions in order to help such children cope and adjust in an environment in which their parents do not exist. The actions should be calculated towards assisting bereaved children to experience God’s love and comfort.

Swinton and Mowat (2006:5) point out that one of the aspects that mark practical theology as distinct from the other theological disciplines is its particular focus on the experiences. Poling and Miller (1993:66) state that practical theology should start with awareness of the richness of real experiences and it must return to experiences with well- developed guidelines and responsibilities for life in the community. Heitink (1993:7) rightly believes that practical theology which chooses its point of departure in the experience of human beings and in the current state of the church and society is characterised by a methodology that takes empirical data with utter seriousness, and takes these as its starting point and keeps them in mind as it develops its theory. Consequently, practical theology seeks to understand and act in response to human beings’ problems and challenges (Swinton & Mowat, 2006:26). It regularly finds itself in dialogue with the arts and social sciences. This is because such disciplines can provide data that can help to better understand human beings (Osmer, 2008:83). However, Swinton and Mowat (2006:7) argue that one of the tasks of practical theology is to ensure that its practices remain faithful to the script of the gospel. This implies that practical theology takes the reality of sin and the need for redemption seriously. Given this understanding, practical theology should focus on the proclamation of the gospel (Schweitzer & Van de Ven, 1999:19). According to Louw (1998:25), communication of the Gospel is not an option for a theology of pastoral care.

Pastoral care is in essence caring for the soul, and this is done through various forms of pastoral care activities such as preaching, pastoral counselling, religious education, nurturing and care in times of need (Gichinga, 2007:25; Collins, 1988:16). This indicates that pastoral care is action oriented with a spiritual dimension. Lartey (2003:27) argues that there is sense in taking the spiritual approach as it distinguishes the caregiver from

other carers; however, this should not make the caregivers feel more superior. Instead, they should work in collaboration with other caregivers in an attempt to mediate holistic care.

Therefore pastoral care should include existential and relational issues, as well as ecological problems. Wise (1989:23) is of the opinion as Lartey on holistic care when he explains that creative pastoral care takes into account the various dimensions of human life and gives them adequate deliberation. In the Scriptures this is expressed in John 10:10 where Jesus is reported to say “I have come that they may have life, and have it to the full.” Thus, children orphaned through HIV and AIDS should be provided with grief care that responds to their grief experiences as well as grief-related issues, not just the spiritual aspect of grief. This would involve activities that can address their grief situation, thus assisting the children to develop as well-rounded persons in the society and with dignity and integrity.

One of the key pastoral care activities that the church can implement to respond to children’s grief situation is pastoral counselling. Waruta (1995:5) defines pastoral counselling as a type of counselling that seeks to nurture people emotionally, physically and spiritually with acceptance and compassion and the love of a shepherd to his flocks. In pastoral counselling people are not viewed as patients but as human beings who are created in God’s image. Kiriswa (2002:5) points out that pastoral counselling should reflect a Christian vision of life. Thus, it should include the supernatural destiny of the counselee and depends wholly on the power of divine grace to achieve it. As such, Biblical and Christian spiritual recourses such as prayer and Christian rituals are employed when providing pastoral counselling.

According to Berinyuu (1989:5), when providing pastoral counselling from an African perspective, African therapeutic systems should be integrated into the Christian resources. This helps in understanding the world view and concerns of the people seeking pastoral counselling. Similarly, disciplines such as psychology offer scientific knowledge for understanding human beings (Berinyuu, 1989:5; Lierop, 1991:1). Osmer (2008:83) affirms that theories from the arts and sciences can help the pastoral counsellor understand and respond to issues relating to particular episodes, situations or contexts. However, Osmer

(2008:83) warns that all theoretical knowledge is fallible and is grounded in a particular perspective, and therefore should be used with full understanding of these limitations. Therefore caution should be exercised to ensure that pastoral counselling remains within the discipline of practical theology.

Pastoral counselling ought to be based on the Word of God. Benner (1992:214) affirms that God through Scripture brings wholeness as the pastoral counsellor relates the Word of God to human life problems. In this regard, according to Waruta and Kinoti (2005:95), pastoral counselling should assist people to cope with life problems. It provides comfort, care and love and thus helps in healing wounded spirits. Therefore, it can be effective in addressing the grief experiences of children orphaned through HIV and AIDS. Given the above understanding, it is clear that the task of practical theology is hermeneutical as it deals with the interpretation of the presence of God within human relations and social contexts; the edification of the church; and becoming engaged in praxis through communities of faith. The aim is to transform the world or to impart meaning to life (Louw, 1998:97).

Osmer (2008:20) defines the term hermeneutics and states that scholarly reflection on interpretation throughout the modern period has been associated with the field of hermeneutics. Thus, hermeneutics has focused on the science of the interpretation of ancient texts. "The classics of literature and the sacred Scriptures of religious communities are often difficult for people to understand because they were written in historical eras and cultural contexts quite different from the present." According to Osmer, as people began to live in a scientific, industrialized world and became more and more aware of the differences between the past and the present, hermeneutics arose to cope with this problem and provide guidelines for the interpretation of ancient texts. This helped people to find meaning in the texts that were an important part of their cultural and religious heritage. Osmer further states that, in the twentieth century, hermeneutics as a "regional" field "focusing on the interpretation of ancient texts was expanded by hermeneutic philosophy in two important ways." Thus, hermeneutics has a two-fold task: (1) it studies the basic principles of understanding; and (2) formulates the rules for actual interpretation (Osmer, 2008:20-21).

Capps (1984:40-41) indicates that the most important aspect of a pastoral hermeneutical approach is the manner in which it assists people in understanding and interpreting pastoral action within a given setting. Capps (1984:12) states that the principles of hermeneutics have been applied to phenomena other than texts and there are proposals for applying hermeneutics to the sphere of human action. The idea that certain actions of human beings are like texts has caught on, and has been applied with success to social action. Gerkin (1984:24) states that, in the pastoral hermeneutical approach, the person's life is viewed as a living human document, which should be studied in ways similar to the written documents of the Bible and ancient texts. He further states that the resemblance between meaningful action and written texts is an important assumption of the application of hermeneutical sciences in pastoral theology. In this context, there is reason to believe that pastoral hermeneutics will be equally useful towards understanding and interpreting pastoral actions such as those which fall under pastoral grief care to children orphaned through HIV and AIDS.

Therefore, this study employed a pastoral hermeneutical approach to interpret theological and cultural concepts and to assess their meaning within pastoral grief care in a Kenyan setting. The hermeneutical approach is important to this research, especially in developing the pastoral interventions strategy for children orphaned by HIV and AIDS. In other words, a pastoral hermeneutics will be employed in the present research in order to understand the pastoral actions in terms of the children orphaned through HIV and AIDS grief within the Kenyan context.

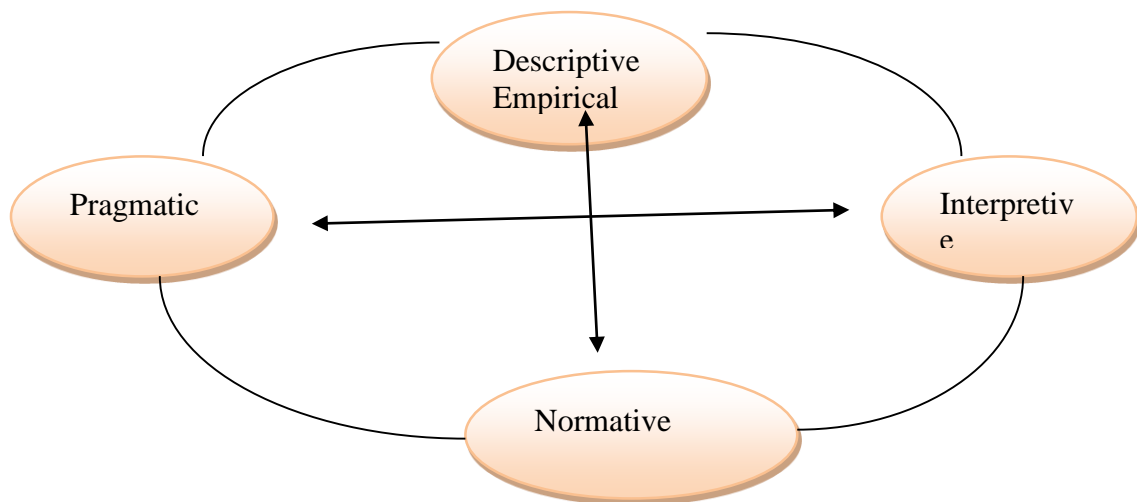
Based on the above discussion on practical theology, this research adopted a theoretical framework that focused on the four tasks of practical theology, as proposed by Osmer (2008:4), and theological anthropology as discussed by various scholars such as Louw (1998) and Moltmann (1984). Osmer (2008:4) explains that practical theology is involved in four key tasks namely:

- **The descriptive task** – gathering information that helps in discerning the patterns and dynamics in particular episodes, situations or contexts.
- **The interpretive task** - drawing on theories of the arts and sciences to better understand and explain why these patterns and dynamics are occurring.



- **The normative task** - using theological concepts to interpret particular episodes, situations, or contexts by constructing ethical norms to guide responses, and learning from “good practice”.
- **The pragmatic task** - determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the “talk back” emerging when they are enacted.

Osmer (2008:18) embraces Gerkin’s model of pastoral leadership, namely the pastor as *interpretive guide*. His primary objective is to equip leaders to be effective interpretive guides for their congregations by teaching them how to engage in practical theology. He offers the four key tasks of practical theology as a model that interpretive guides can use to interpret episodes, situations, or contexts, theologically. Osmer (2008:10) argues that the tasks constitute the basic structure of practical theological interpretation. He envisions the four tasks of practical theological interpretation as descriptive-empirical (priestly listening); interpretive (sage wisdom); normative (prophetic discernment) and pragmatic (servant leadership). Although the tasks are distinct, they are also connected. To clarify the relationship between the four tasks, Osmer uses the concept of the hermeneutical spiral (see Figure 1.1). The interpreter must constantly move between tasks which lead to an interpretive spiral (2008:11).



**Figure 1.1: The four tasks of Practical Theological Interpretation**

The first task is *the descriptive-empirical task*. The descriptive task seeks to respond to the question “What is going on?” Therefore, practical theology focuses on investigating particular episodes, situations, or contexts through empirical research (Osmer, 2008:38). The empirical research proves especially helpful in allowing interpretive guides to better understand the people who participate in the research. It can also help in recognising the social trends that are impacting participants’ lives. The descriptive task was relevant in this research as it sought to understand the grief of children in the situation of being orphaned through HIV and AIDS in Nairobi City County, Kenya. Therefore, it was necessary to engage in a dialogue with the social sciences and be able to discern research methods and approaches in order to understand the children’s situation of grief.

The second task is *the interpretive task*. This task seeks to answer the question “Why is it going on?” The interpretive task draws on theories of the arts and sciences to understand and be able to identify issues that are embedded within episodes, situations or contexts (Osmer, 2008:4). Osmer (2008:93) argues that the interpretive task is “based on an attitude of openness to the world. It depends on a thinking faith willing to learn from the intellectual resources of contemporary culture.” Thus, in the interpretive work, this research engaged with development theories and grief theories to better understand the grieving situation of children orphaned by HIV and AIDS.

The third task is *the normative task*. The normative task responds to the question, “What ought to be going on?” As such, it seeks to discern God’s will for present realities (Osmer, 2008:129). Theological and ethical interpretation is the most formal dimension of the normative task. Osmer (2008:139) states that theological interpretation is informed by biblical and systematic theology but “focuses on the interpretation of *present* episodes, situations, and contexts with theological concepts.” According to Osmer (2008:161), ethical reflection involves “using ethical principles, rules, or guidelines to guide action towards moral ends.”

The *pragmatic task* is the fourth task and it seeks to answer the question “How might we respond?” It therefore focuses on strategies and actions that are undertaken to shape events towards desired outcomes (Osmer, 2008:10). In the pragmatic task, this research responded to children orphaned through HIV and AIDS grief situation. To achieve this task various disciplines were engaged, for example education and economics. It should be noted that, in engaging other disciplines, critical reflection was applied to ensure that the distinctive theological perspective of practical theology was retained.

Louw (1998:140) argues that practical theology must grapple with two-fold anthropological questions. The first question entails the character of being human and the second question focuses on the essential qualities possessed by human beings as created by God. Thus, the framework also focused on theological anthropology as described by various scholars (such as Thurneysen, 1962; Moltmann, 1974; Berkouwer, 1962; Moltmann, 1984; Heitink, 1993; Grudem, 1994; Louw, 1998; Middleton, 2007).

Concerning the character of human beings, Louw (1998:140) notes that traditional church doctrine regarding human beings as created in the image of God presupposes that humanity should be interpreted and assessed in terms of relationality based on dependence on and with God. Zuck and Walvoord (2000:29) are of the view that the term image is used figuratively, for God does not have a human form. Hence, being created in the image of God denotes that human beings share, though imperfectly and finitely, God’s communicative attributes, for example, goodness, love, peace, mercy and justice. According to Zuck and Walvoord (2000:29), these attributes assist human beings to have capacity for fellowship with God.

Erickson (1998:519) indicates that the term image of God is found in both the Old Testament (Genesis 1:26-27) and the New Testament (1 Cor 11:7). Adeyemo (2006:11), commenting on the creation of human beings, indicates that human beings had a privileged position in that their creation required a special decision, presented as if it was made at some great gathering. He argues that the plural in “*let us make man*” indicates the solemnity of the decision and stresses that something new and important was about to happen (Genesis 1:26a). The plural “*let us*” also implies the community of the Godhead,

which involves three persons – the Father, Son and Holy Spirit. In the New Testament, the human being is said to represent the image and glory of God (1 Cor 11:7). Furthermore, some passages in the New Testament refer to believers reflecting the image of God through the process of Salvation (Rom 8:29; Col 3:10). Christ is also described as having the image of God (Heb 1:1-4).

On the essential qualities which human beings as creatures of God possess, Louw (1998:140) focuses on the goal, direction, destination and meaning of human existence. He argues that theological anthropology addresses “those scriptural perspectives which instil meaning in order to help people to discover their true humanity before God and to cope with painful life issues” (Louw, 1998:140). He is of the opinion that theological anthropology centres on realism and attempts to interpret the human quest for meaning through the perspective of the grace and love of God. A theological anthropology is interested in the issue of spirituality and how Christian faith can play a role in coping better with life (Louw, 1999:22).

Thurneysen (1962:65) argues that understanding human beings in detail is imperative for pastoral care and counselling. This is because the basis, content and goal of pastoral care can be determined and practised only when the character and qualities of human beings are clearly understood. Thus, pastoral care is possible on the basis of true knowledge of human beings. According to Heitink (1993:273), theological anthropology is part of the central theory of the discipline of practical theology and, in the context of this research, a sub-discipline of pastoral care and counselling. Thus, in providing pastoral grief care to children orphaned through HIV and AIDS, theological anthropology is imperative, for how the church understands the nature of human beings will determine the quality of pastoral care the church provides to these children.

In light of the above discussion on issues relating to practical theology, this research proceeded with the assumption that the four tasks of practical theology would help to structure the study. Chapter 2 describes the employment of the descriptive task, Chapter 3 the interpretative task, Chapter 4 the normative task, and Chapter 5 the pragmatic task. Theological anthropology will assist in understanding human being as embodied soul and

a spirited body in the relationship with God. It was hoped that the focus on the four tasks of practical theology and theological anthropology would help in achieving the objectives of this research.

The main objective of the research was to present a pastoral intervention strategy that the church could use to respond to children orphaned through HIV and AIDS grief. It is hoped that the church can use it to execute the role of a shepherd by providing God's comfort and compassion to such bereaved children thus, facilitating grief healing to the children orphaned through HIV and AIDS. This could be achieved by interacting with them; providing them with the opportunity to mourn through church rituals; praying with them; listening to their stories; providing support; and honestly answering their questions. This research furthermore contributes to the theory of practical theology in that it provides various theories of action towards grief care. As such, it affects the role of practical theological theory in training the church for ministry to bereaved children.

### **1.7 Research methodology**

Methodology is the process that explains how the research is conducted. Mouton (2001:56) affirms that it focuses on the research process and the kind of tools and procedures to be used. Thus, it provides a description of how the researcher conducts the research. Kinoti (1998:34) argues that methodology should include a literature study and empirical research that includes a description of the subjects, measuring instruments, data collection procedure, data analysis and interpretation. In other words, research methodology fuses theory and empirical research, serving as a strategic but flexible guide throughout the research experience (Hesse-Biber & Leavy, 2006:21).

The literature study that was employed in the present research helped to provide a theoretical foundation. Mouton (2001:86-87) argues that it is necessary for every research project to start with a review of existing literature as this can help to find out what has been done in the field of the research. Literature was drawn from unpublished and published works relevant to this research. The unpublished and published works included local and international sources such as journals, books with relevant information on grief care and pastoral theology, the Bible, newspapers, and internet resources.

The research also acknowledged the relevance of empirical research. Kinoti (1998:5) defines empirical research as an organised process of study that produces new information, findings, ideas or explanations. Kinoti (1998:5) argues that, compared to other sources of knowledge, empirical research is found to be more efficient and reliable. However, its strength depends on ensuring that the research endeavour is as objective as possible. Thus the empirical research helps to avoid generalisation of the phenomenon of the study as it provides contextual information about the phenomenon. Osmer (2008:41) affirms that empirical research proves especially helpful in allowing interpretive guides to better understand the people who participate in the study. It also helps with recognising social trends that impact people's lives. In this research, the empirical research method played a significant role in understanding the situation of the grieving children orphaned through HIV and AIDS in Nairobi City County, Kenya.

A strategy of inquiry was selected in order to carry out the empirical research. Osmer (2008:49) argues that strategies fall into two categories: quantitative and qualitative. He explains that quantitative research involves the gathering and analysing of numeric data to explore the relationships between variables. According to Osmer, quantitative research is particularly helpful in discovering broad statistical patterns and relationships (2008:50). According to Kinoti (1998:92), the objective of quantitative research is to develop and make use of mathematical models, hypotheses and theories pertaining to a phenomenon. In contrast, qualitative research refers to any kind of research that produces findings not arrived at by means of statistical procedures of quantification (Holliday, 2007:28). It is concerned with the assessment of attitudes, opinions and behaviour, as well as with finding out what people feel and think about their world (Kothari, 2004:5).

De Vos, Strydom, Fouche and Delport (2002:74:79) note that qualitative research seeks to understand the social life and the meaning that people attach to everyday life. This involves listening to people as they describe how they understand the world in which they live (Rubin & Rubin, 1995:42-43). It is used to gain insight into a phenomenon, community or individual. Qualitative research therefore focuses on describing a participant's actions in terms of the participant's own beliefs, history and context. In general, qualitative researchers are concerned with non-statistical methods.

One of the major characteristics of qualitative research is that the researcher attempts to understand people in terms of their own definition of their world. It also allows the researcher to study selected issues in detail and does not confine itself to predetermined factors in the study setting (Holliday, 2007:28). However, a researcher does not enter the field completely blind, but has an issue about which he or she wants to learn more. The researcher therefore approaches the field with an openness that allows him or her to include factors that were not previously considered.

For the purpose of gathering an in-depth understanding of grief among children orphaned through HIV and AIDS in the Nairobi City County, qualitative research was undertaken. The research involved a sample of 45 children orphaned through HIV and AIDS and four pastors who were selected by means of the purposive sampling method. The instruments that were used for data collection were:

- 1) Focus group discussions with children orphaned through HIV and AIDS and
- 2) Semi-structured interviews with the pastors.

An audio recorder was used to store the information. The recorded focus group discussions and semi-structured interviews were transcribed and prepared for the ATLAS ti. (2004) software programme designed specifically to assist analysis and interpretation of qualitative data. A full description of the empirical research methodology used is presented in Chapter 2.

## **1.8 Pilot study**

A pilot study is a small version or trial study which the researcher conducts in preparation for the major study. One of the advantages of conducting a pilot study is that it gives advance warning about where the main research project could fail (Kothari, 2003:158). In this research, the goal of the pilot study was to validate the processes and procedures for the focus group discussions and semi-structured interviews.

The pilot study was carried out in two phases; the first phase was with a pastor from one of the local churches in the Makadara Division in Nairobi City County. The pastor was informed about the nature of the study and he consented to the same by signing the

informed consent form. The mode of conducting the study was through a semi-structured interview schedule (see Appendix 6) that was used to guide the interview.

During the interview, it was noted that most of the talking was done by the pastor. To provide the opportunity for the pastor to talk, the researcher had to listen. The researcher maintained eye contact and nodded appropriately to ensure the pastor of the researcher's attentiveness. The researcher conducted the interviews with the aid of semi-structured questions that guided respondents and enabled them to provide in-depth information. Although the questions were pre-determined, the researcher could not follow the order as initially set as the respondent kept on moving to areas that were planned to be covered later; the researcher was however very accommodative and was willing to be flexible. Furthermore, the pastors took time to respond to some of the questions posed, an indication that the silence did not mean the pastors did not want to respond, but needed time to reflect and prepare an appropriate response.

The second phase of the study involves a focus group discussion with six children aged between six and twelve years who had been orphaned through HIV and AIDS, in one of the households.<sup>14</sup> The household was situated in the Mukuru slums in the Makadara Division. The guardian of the children was informed about the nature of the study and she consented to the same by completing the informed consent form. She was thanked for allowing the children to participate and left the room to allow the researcher to conduct the focus group discussion. The researcher began by clearly setting out to the children the procedure that was to be followed. After the explanation, the children wrote their names on the assent form as an indication that they agreed to participate in the study. The assent forms were collected by the research assistant after ensuring that they had been completed satisfactorily. During the initial visit to the head of the household, the researcher learnt that most of the children were not aware of the cause of their parents' death. The researcher hence held this information in strict confidence and did not disclose the same to the children, so as to spare them distress.

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<sup>14</sup> The household in the present investigation was a home chosen by the guardians or guardian where children gathered for the focus group discussion



During the focus group discussion, the researcher noticed that the children seemed fearful and in order to help them feel comfortable, the discussion commenced with an introduction. Children were requested to say their names and age and this assisted in building rapport and 'breaking the ice'. This was followed by providing the children with the necessary instructions. The researcher noted, however, that children preferred to clarify issues in the Kiswahili language. The researcher therefore ensured that information provided to the children during the pilot study was communicated in both the English and the Kiswahili language.<sup>15</sup> This was to ensure that all the children clearly understood the procedures and processes of the focus group discussion. Both English and the Kiswahili language were therefore employed during the main research.

After the introduction, children were asked the open-ended question, "What were your experiences after either one or both of your parents died?" This question did not help to start the discussion as children were reluctant to talk. More information was added in order to provide clarity, as follows: "What were your experiences after either one or both of your parents died? You could start by telling me who you live with." The added information enabled the children to start telling their stories about their real life experiences. The main research therefore utilised the above format.

During the pilot study, it was also observed that children were distracted when they completed the assent forms preceding the focus group discussion. To ensure that children remained focused in the subsequent group discussions, they were informed that the assent forms would be completed after the discussion. However, they were also informed that participation was voluntary and they had the right to withdraw at any given time.

The pilot study did contribute to changing the formal process of the empirical research as follows:

- Assent forms were to be completed after the focus group discussions. However, permission for children to participate had been granted by their guardians. Children

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<sup>15</sup> Kiswahili is the national language of Kenyan society and most of the children understood and spoke it freely.

were also aware that participation was voluntary and that they had the right to withdraw at any time.

- Kiswahili and English were to be used during the focus group discussions.
- Due to the pilot study the order of the first question was changed (Appendix 7).

## **1.9 Research team**

The research made use of a research team in the empirical part of this study. The research team comprised of individuals who had skills and expertise in their assigned tasks. They endeavoured to ensure that the empirical research was successful. Mouton (2001:63) states that the researcher might need other people who have special skills during the research. This could involve getting expert computer inputs; assistance in fieldwork and data capturing; and transcription of texts. In this research, the research team facilitated the interviews and the focus group discussions, thus freeing the researcher to lead the interviews and the group discussions.

The research team consisted of two research assistants, one clinical psychologist, two children's officers and the researcher. The two research assistants were identified on the basis of their knowledge of data collection among children. One research assistant assisted in data collection in the Makadara Division and the other in the Langata Division. Their main roles were to assist in data collection and transcribing the data. Thus, they were provided with the objective of the research and some training in the procedures to be followed.

In choosing the clinical psychologist, care was taken to ensure that the person had medical training. The researcher was aware that children could experience emotional distress and some were likely to be suffering from HIV and AIDS. Therefore, the role of the clinical psychologist was to attend to children who might experience emotional distress after giving painful accounts of their grief and to refer children needing medical attention to appropriate hospitals. Two children's officers, one from each division, were identified. They had knowledge of persons and institutions that provide support to children orphaned through HIV and AIDS; assisted in the selection of the households and institutions for the study; and introduced the team to the heads of households and institutions.

### **1.10 Ethical approval**

The research was approved by the Ethical Committee for Human Research, Stellenbosch University (Appendix 8) and National Council for Science and Technology in the Republic of Kenya (Appendix 9). It was also authorised by the Provincial Commissioner and Director of Education, Nairobi Province <sup>16</sup>(Appendix 9).

Before enlisting the children to participate, informed written consent that entailed writing names of the person giving consent, was sought from the guardians (Appendices 1 and 4). Written assent, by name, was sought from the children (Appendix 3). In recruiting the pastors to participate, informed written consent, by name and signature, was sought from pastors (Appendix 5). As mentioned earlier in this chapter, the description of the empirical research methodology is presented in Chapter 2.

### **1.11 Definition of terms**

#### **(i) Bereavement**

Bereavement is the state of being that results from the loss of a significant person through death. Louw (2008:548) argues that bereavement is the reaction to the loss. Like Louw, Pickle (1991:36) states that bereavement should be understood in terms of responses that follow a significant loss through death. These responses include emotional, cognitive, spiritual, behavioural and physiological responses. Herbert (1996:16) explains that the way children react to the loss of a loved person depends significantly on what they have been taught and have experienced within the family, and the role models of surviving parents and relatives in coping with the loss.

#### **ii) Child orphaned through HIV and AIDS**

For purposes of this study, the above concept refers to any child of whom one or both parents have died through AIDS-related diseases. The child has to be below 18 years of

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<sup>16</sup> After the promulgation of the new constitution on 22 August 2010, Kenya was divided into 47 administrative units which are referred as Counties, as opposed to the previous eight provinces. Thus, Nairobi province is the current Nairobi City County.

age. UNAIDS (2004)<sup>17</sup> defines a child orphaned through HIV and AIDS as one who is under the age of 18 years and who has lost at least one parent to AIDS. A child whose mother has died is known as a maternal orphan; a child whose father has died is a paternal orphan; and a child who has lost both parents is a double orphan.

### **(iii) Church**

The word church refers to the community of believers who are called from the world by God and acknowledge Jesus as Lord (1 Cor 12:3). These believers are united with Christ through spiritual baptism, thus they are referred to as a body of Christ (Eph 5:30, Rom 12:4-5, Col 1:18). Grudem argues that the believers maintain a Spirit-bond of belonging (1994:853). They participate in fellowship and they gather regularly to worship God. Consequently, they relate and seek the wellbeing of one another in every manner, including physical, spiritual, and emotional.<sup>18</sup> The church is both universal and local. The local church is a group of believers in one locality who gather together physically for worship, prayer, teaching, fellowship, and encouragement in the faith (Hebrews 10:25). However, the universal church is made up of all believers in Jesus Christ worldwide (1 Cor 12:13). For the purpose of this study the church denotes the body of Christ.

### **(iv) Grief**

Bowman (1998:75) affirms that grief essentially concerns the emotional and related reactions that occur at the time of and following the loss by death of an important person. Grief mainly focuses on the emotional response to loss, but it also has physical, cognitive, behavioural, social, and spiritual dimensions. Thus, grief is a multi-faceted response to the loss of someone. Louw (2008:548) points out that the intensity of grief is determined by the quality of love attachment involved. Therefore, he describes grief as an emotional pain on losing love, together with an experience of helplessness and powerlessness. Grief involves separation, therefore adaptation and acceptance is necessary.

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<sup>17</sup><http://www.avert.org/aids-orphans.htm> - 20th April, 2012.

<sup>18</sup> <http://marshill.com/2010/10/13/this-is-how-we-define-church> -16th November, 2012.

**(v) Mourning**

Louw (2008:548) argues that mourning is a psychological process. The term psychology can be defined as the study of mental processes and behaviour (Sdorow, 1990:4). Therefore, according to Louw's description of mourning, it is safe to conclude that mourning involves a mental process and behaviour. Mwiti (2003:3) describes mourning as an act of feeling and expressing sadness because someone has died. It is an expression of grief within a cultural and social setting. Although mourning is an external expression, it is an expression of people's internal grief. Louw (2008:550) points out that one of the important aspects that determines the process of mourning is the type of loss. Wells (1988:4), however, argues that children's mourning differs from mourning by adults. The main difference is that a child's periods of intense grief are shorter, but the grieving period may last much longer.

**(vi) Pastoral counselling**

Pastoral counselling is the art and skill of helping individuals and groups to understand themselves better and relate to other people in a mature and healthy manner (Waruta & Kinoti, 2005:2). Pastoral counselling is a specialised approach within general counselling and the specialisation is indicated by the adjective 'pastoral', which is derived from the Latin term *pascere*, which means 'to feed'. Waruta and Kinoti (2005:5) argue that the adjective 'pastoral' suggests the art and skill of feeding or caring for the wellbeing of others, especially those who need help most. They further state that pastoral counselling is religiously oriented and backed by a theological point of view, which renders it unique, compared to other types of counselling. Pastoral counselling is therefore aimed at achieving goals in light of the Christian faith and values. In the context of this research, pastoral counselling is aimed at assisting children orphaned through HIV and AIDS to work through their grief and to grow in faith.

**1.12 Outline of the Chapters**

The thesis is divided into six chapters and the four tasks proposed by Osmer (2008), as cited above (Section 1.6), are instrumental in structuring the chapters.

**Chapter 1** - Chapter 1 provides the background and a general overview of the key features of this research. The problem statement, the motivation and the rationale for pursuing the research have been presented. In addition, the research question, objectives of the study, theoretical framework, pilot study, research methodology, research team, ethical approval, and definition of terms were discussed.

**Chapter 2** - Chapter 2 examines the first core task of practical theological interpretation - the descriptive task. Osmer argues that practical theology begins with episodes, situations, or contexts that call for interpretation in contextual theology. He grounds the descriptive task in terms of “a spirituality of presence” which is a matter of attending to what is going on in the lives of individuals, families and congregations. He refers to this as priestly listening. The descriptive task seeks to answer the question “What is going on?” Thus, the chapter presents an investigation of the situation of children orphaned through HIV and AIDS in their grief. The empirical approach is employed in determining the impact of grief on children orphaned through HIV and AIDS in Nairobi City County, Kenya. Given the above understanding, the geographical location and socio-economic background of the research area are discussed, followed by a discussion on the methodology followed for the empirical research and a description of the use of ATLAS ti software programme for the analysis of collected data. Subsequently, the chapter endeavours to present analysed data.

**Chapter 3** - Chapter 3 examines the second task of pastoral theological interpretation: the interpretive task. Osmer explains that the interpretative task concerns the “drawing on theories of the arts and sciences to better understanding and explain why these patterns and dynamics are occurring.” The interpretive task seeks reasons for the phenomena that were observed in the descriptive task by using theoretical interpretation. Theoretical interpretation denotes the ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, and contexts. Osmer emphasises the fact that all theoretical knowledge is fallible and is grounded in a particular perspective, and must be used with a full understanding of those limitations by applying wise judgement. The interpretative task asks the question “Why is this going on?” In response to this question, the chapter presents an exploration of developmental and grief perspectives to the understanding of children’s grief situation.

The chapter thus offers an outline of features of child development as proposed by Erikson, Bandura, Vygotsky, Piaget, Kohlberg, Gilligan and Fowler. Various authors have contributed to the discussion of the Christian education perspective and physical development. The chapter also explores African communal solidarity and African spirituality and how the two perspectives influence child development. Western theories focusing on grief and the African notion of grief are examined. Additionally, the chapter examines children's understanding of death and their grief experiences.

**Chapter 4** – Chapter 4 reports on investigating the third task of practical theological interpretation – the normative task as proposed by Osmer. The question that is associated with this task is “What ought to be going on?” In attempting to respond to this question, a pastoral theological perspective of grief care for children orphaned through HIV and AIDS within an African setting is presented. Thus, the chapter delineates the three fundamental elements in theological anthropology. A discussion of the hermeneutic approach of pastoral grief care follows. Thus, goals to pastoral grief care, the eco-systemic approach and the intercultural approach are explored. A discussion on rituals and symbols is also presented. Compassion as a virtue in pastoral care is also discussed. Additionally, various models of good practice central to pastoral grief care and counselling for bereaved children are discussed.

**Chapter 5** – In Chapter 5, the fourth task of practical theological interpretation, the pragmatic task, is examined. The pragmatic task begs the question “How might we respond?” This chapter is focused on the design of a pastoral intervention strategy for grief care for children orphaned through HIV and AIDS. The chapter hinges on responding to children orphaned through HIV and AIDS in the Nairobi City County grief situation. Firstly, various interventions that focus on providing grief care for children orphaned through HIV and AIDS before the burial of their parents are presented. Secondly, various interventions focused on providing grief care to children orphaned through HIV and AIDS during the burial day are discussed. Thirdly, interventions aimed at responding to children's grief after the burial of their parents are further delineated.

**Chapter 6** - Chapter 6 serves as the conclusion to the whole study in providing the conclusions from the research findings and recommendations.

### **1.13 Conclusion**

In this chapter, the research background; rationale and motivation for the study; research problem; research question; research objectives; theoretical framework; research methodology; the pilot study; the research team and ethical approval; as well as the chapter outline have been delineated. The chapter has demonstrated that the objectives, as well as the four tasks of practical theology as presented by Osmer provide the structure for this research. In addition, the necessity of a research methodology explaining how the research was conducted was discussed.

It was argued that empirical research is imperative as it helps the researcher to remain contextual and not generalise children's experiences of grief. The qualitative research method was established as appropriate for data collection as it could assist in gathering in-depth data on the grieving children's situation and the way the church provides them with grief care. When conducting research, it is imperative to conduct a pilot study as it gives advance warning of where the main research could fail or face unforeseen challenges. It is noted that the ATLAS ti programme is useful in the analysis of the data, as it has been specifically designed to assist in analysing qualitative data. In light of what has been presented in the chapter, it can be argued that the chapter has offered the background for exploring the appropriate approach for pastoral care to children orphaned through HIV and AIDS in Nairobi City County.

As previously mentioned, the structure of this dissertation is based on four tasks of practical theology described by Osmer. Consequently, Chapter 2 focuses on the first task, the descriptive task, which involves gathering data on the situation of grieving children orphaned through HIV and AIDS. The task also involves gathering data from pastors on how the church provides grief care to children orphaned through HIV and AIDS. The chapter focuses on the first objective of the research, that is, to demonstrate that in the Nairobi City County, Kenya, children orphaned through HIV and AIDS experience grief after losing their parents and therefore require grief care.



## CHAPTER 2

### **GRIEF AND MOURNING AMONG CHILDREN ORPHANED THROUGH HIV AND AIDS IN NAIROBI CITY COUNTY, KENYA: EMPIRICAL RESEARCH**

#### **2.1 Introduction**

This chapter focuses on the methodology and the data analysis of the empirical research. The purpose of the empirical research is to demonstrate that children in the Nairobi City County who have been orphaned through HIV and AIDS experience grief after losing their parents and therefore require grief care. This information is essential for the verification of the central idea of this research, which emphasises the relevance of pastoral care as a response to children's grief after their being orphaned through HIV and AIDS. As such, the researcher endeavoured to explore the real-life narratives of children orphaned through HIV and AIDS in Nairobi City County in Kenya. Narratives by pastors working with children orphaned through HIV and AIDS in the same region were also explored.

The chapter is devoted to the first task (the descriptive task) of practical theology, as presented by Osmer (2008:34). According to Osmer, the task is grounded in the spirituality of presence. Osmer argues that it is a matter of attending to what is going on in people's lives, thus relating to people with openness, attentiveness, as well as prayerfulness. Listening is a crucial skill in this task and Osmer argues that it is priestly listening, as it occurs within the presence of God. Osmer is aware that there are two types of attending: the formal and semiformal, however, he focuses on the formal attending, which is involved in investigating episodes, situations and contexts through empirical research (Osmer, 2008:34-38).

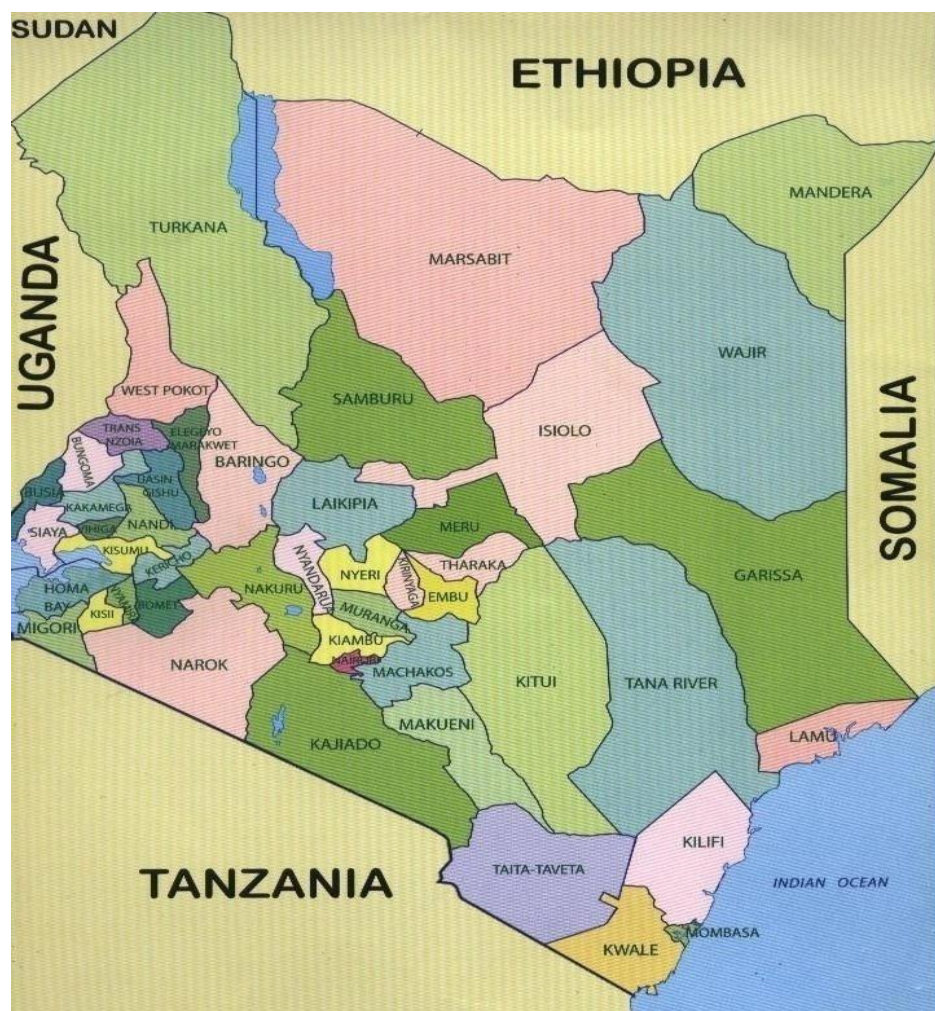
Kinoti (1998:5) argues out that empirical research helps to avoid generalisation of the phenomenon under study and provides contextual information about the phenomenon. Consequently, empirical research produces new information, findings, ideas and explanations. In the present research, the empirical research was focused on investigating "what is going on" in bereaved children's lives after they lose one or both parents through HIV and AIDS in the Nairobi City County.

The chapter is divided into three main sections. The first section provides a brief description of the geographical location of the research. The second section presents the methodology used in data collection, thus presenting the study areas, sample size, sampling method, inclusion and exclusion criteria, and data collection, data capturing and data analysis procedures. The third section focuses on data presentation. Firstly, the analysis of the children's data is presented; secondly pastors' data analysis is presented.

## 2.2 Geographical location and socio-economic background of the research areas

The present research seeks to respond to the grief of children orphaned through HIV and AIDS in Nairobi City County, Kenya. It is appropriate, therefore, to provide maps that help to understand the geographical location of the research areas.

### A MAP OF KENYA SHOWING THE 47 COUNTIES



Source: <http://softkenya.com/county/kenya-counties-map/>- 10th April, 2013.

In addition, a brief sketch of the socio-economic background of the study areas is offered. This is imperative because, when children lose their parents through HIV and AIDS in Kenya, as in most of the African countries, the socio-economic environment impacts their grief (Van Dyk, 2008:344). Kenya, officially the Republic of Kenya, is a sovereign state in East Africa. The capital and largest city in Kenya is Nairobi. Geographically, Kenya is located in the Eastern part of the African continent, between 5 degrees North and 5 degrees South latitude and 34 and 42 degrees East longitude. The equator cuts across the country from East to West. The neighbouring countries are Tanzania to the South, Uganda to the West, Ethiopia to the North, South Sudan to the North-West, Somalia to the North-East, and the Indian Ocean to the South-East.

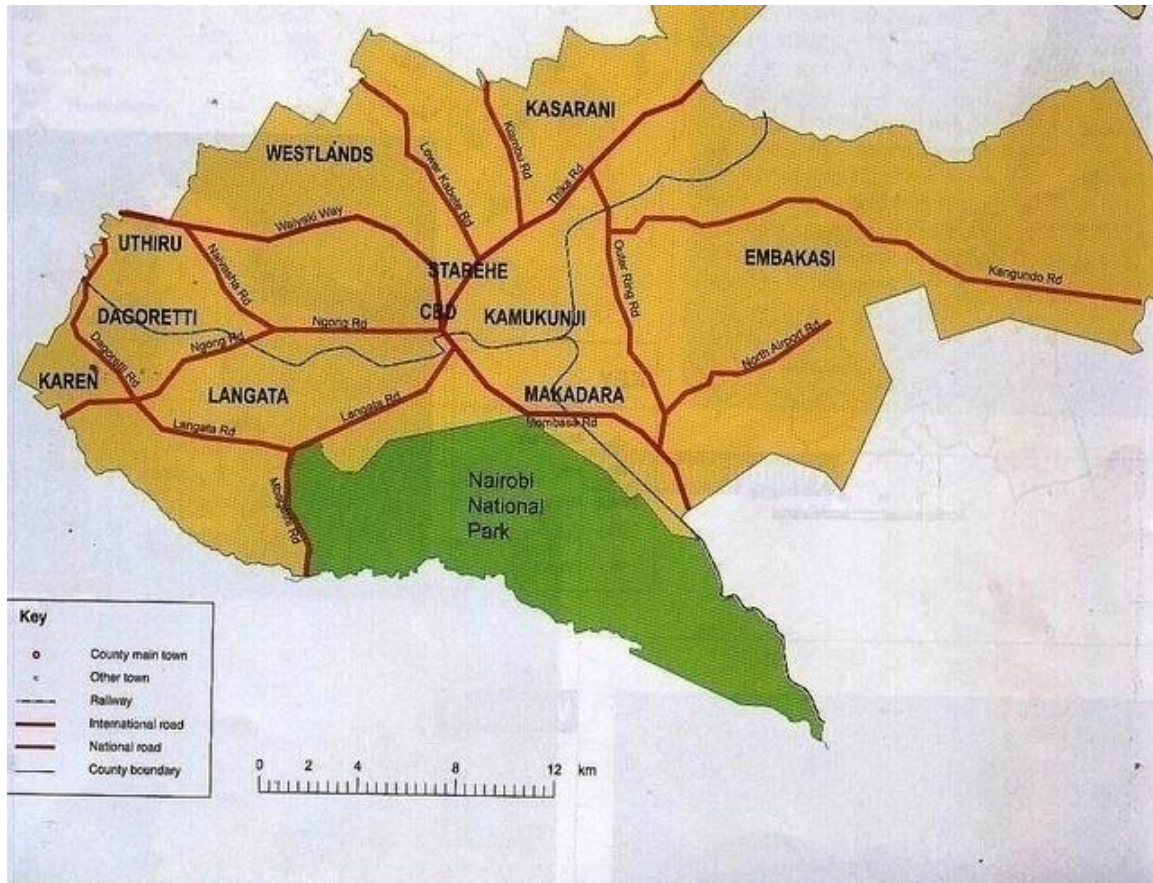
After the promulgation of the new Constitution on 22 August 2010, Kenya was divided into 47 administrative units referred to as Counties, as opposed to the previous eight provinces. The eight provinces were the Central, Coast, Eastern, North-Eastern, Rift Valley, Nyanza and Nairobi Provinces.<sup>19</sup> Since Nairobi City County is the focus of this research, a map is provided to show the geographical locations of the Makadara and Langata Divisions where the research areas are located.

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<sup>19</sup> The provinces were structured into counties as follows: **Central:** Nyandarua, Nyeri, Kirinyaga, Murang'a and Kiambu; **Coast:** Mombasa, Kwale, Kirifi, Tana River, Lamu and Taita/Taveta; **Eastern:** Marsabit, Isiolo, Meru, Tharaka-Nithi, Embu, Kitui, Machakos and Makueni; **North Eastern:** Garissa, Wajir and Mandera; **Rift Valley:** Turkana, West Pokot, Samburu, Trans Nzoia, Uasin Gishu, Elgeyo/Marakwet, Nando, Baringo, Laikipia, Nakuru, Narok, Kajiado, Kericho and Bomet; **Western:** Kakamega, Vihiga, Bungoma and Busia; **Nyanza:** Siaya, Kisumu, Homa Bay, Migori, Kisii and Nyamira; and **Nairobi City**, currently Nairobi City County.



## MAP OF NAIROBI COUNTY SHOWING DIVISIONS

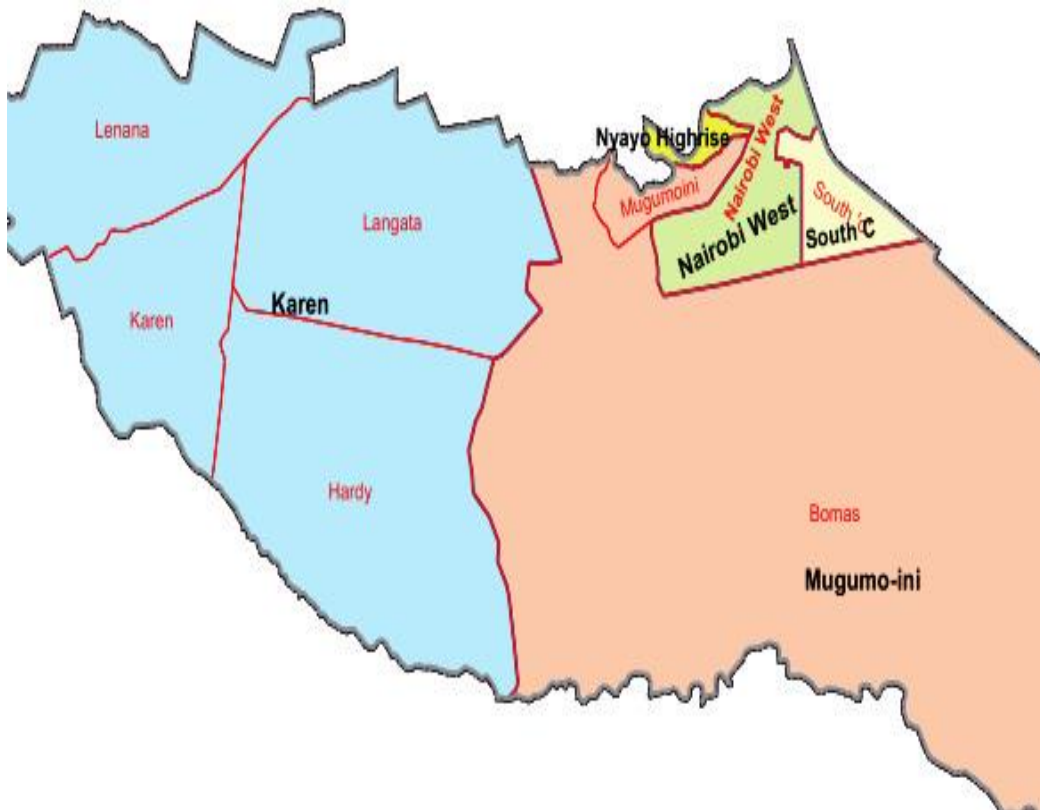


Source: <http://en.wikipedia.org/wiki/Nairobi> - 10th April, 2013.

Nairobi City and its environs form the Nairobi City County. Nairobi City County<sup>20</sup> is divided into eight divisions: Makadara, Langata, Kamukunji, Embakasi, Starehe, Westlands, Dagoretti and Kasarani. Makadara and Langata are the focus areas of this research.

<sup>20</sup> The eight divisions in Nairobi City County are for administrative purposes. After the promulgation Nairobi City County was divided into seventeen electoral constituencies: Dagoretti North, Dagoretti South, Westlands, Kasarani, Langata, Kibra, Roysambu, Makadara, Kamukunji, Ruaraka, Embakasi Central, Embakasi East, Embakasi West, Embakasi North, Embakasi South, Starehe and Mathare. (<http://www.infotrackea.co.ke/services/leadership/countyinfo.php?cinf=constituencies&t=47> – 6<sup>th</sup> July 2013). Since this research was started before the promulgation, it focused on divisions not constituencies.

## MAP OF LANGATA DIVISION



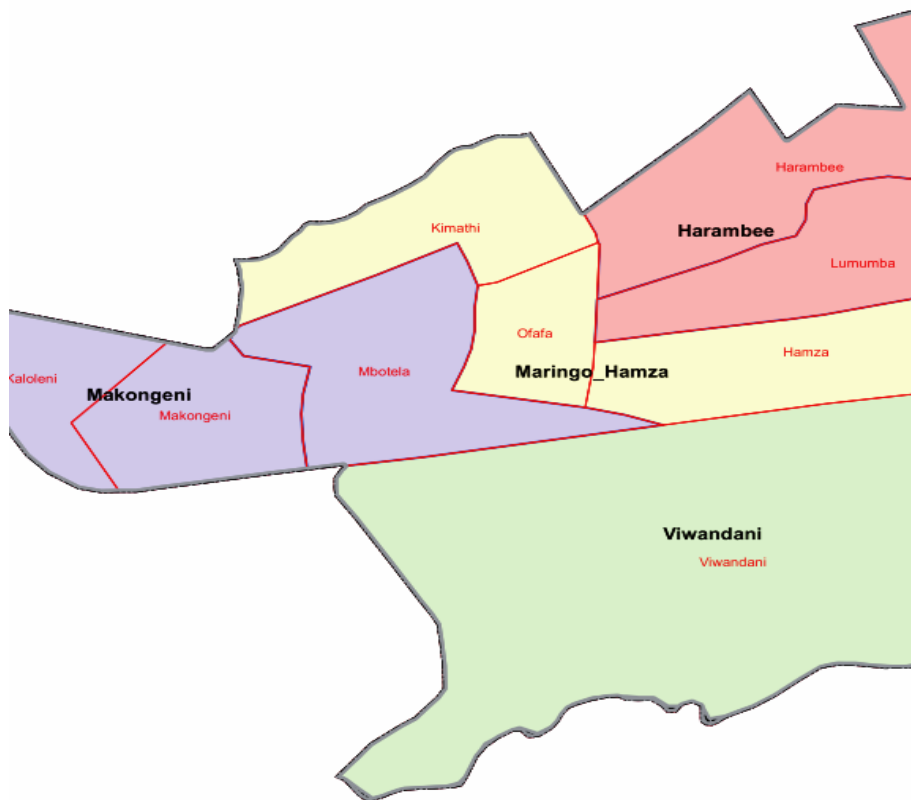
**Source:** <http://www.flickr.com/photos/albertkenyaniinima> - 10th April, 2013.

Langata occupies an area of about 223 km<sup>2</sup> with a population of 368,274 people.<sup>21</sup> The research area is located in the Kibera slum. Kibera slum has a population of 170,000 people and was thought to be Africa's second largest slum. However, recent census results have shown that Kibera is much smaller than originally thought. Most of the Kibera residents live in extreme poverty, earning less than \$1.00 a day, coupled with high unemployment rates. Persons living with HIV within the slum are as many, as are AIDS cases.<sup>22</sup>

<sup>21</sup> [http://en.wikipedia.org/wiki/Langata\\_Constituency](http://en.wikipedia.org/wiki/Langata_Constituency) - 14th November, 2014.

<sup>22</sup> <http://en.wikipedia.org/wiki/Nairobi> – 10<sup>th</sup> April, 2013.

## MAP OF MAKADARA DIVISION



**Source: <http://www.flickr.com/photos/albertkenyaniinima/6799931828/> - 10<sup>th</sup> Arpil, 2013.**

The Makadara Division occupies an area of approximately 20km<sup>2</sup> with a population of 297,277 people.<sup>23</sup> In this division, the research areas are located in the Viwandani, Ofafa and Mbotela sub-divisions. The Makadara Division is the poorest division among the eight divisions and poverty incidence ranges from 31% in Westlands to 59% in Makadara.<sup>24</sup> According to Muraah and Kiarie (2001:129), HIV and AIDS infection rates are high among poor people in Kenya, as in other African countries (Magezi, 2005:4); thus poor people are most vulnerable to HIV and AIDS.

<sup>23</sup> [http://en.wikipedia.org/wiki/Makadara\\_Constituency](http://en.wikipedia.org/wiki/Makadara_Constituency) – 10<sup>th</sup> April, 2013.

<sup>24</sup> <http://knbs.or.ke/surveys/poverty/pdf/KenyaPovcover.pdf> - 23rd April, 2012.

## **2.3 Research Methodology**

This research was conducted using the qualitative research method. Qualitative research focuses on describing a participant's actions in terms of the participant's own beliefs, history and context. Holliday (2007:28) affirms that qualitative research refers to any kind of research that produces findings not arrived at by means of statistical procedures of quantification.

A qualitative research method was selected for this research because the objective was to gain insight and understanding of the situation and grief of children orphaned through HIV and AIDS and how the church provides them with grief care. Selecting the qualitative research method offered the participants an opportunity to provide in-depth information about their own world. This research was conducted among children orphaned through HIV and AIDS and pastors using focus group discussions and interviews respectively. As mentioned in Chapter 1 (section 1.7), this section presents the description of the empirical research methodology and themes to be discussed include:

- The study areas
- The population sample
- Sampling procedure
- Inclusion and exclusion criteria
- Data collection instruments
- Data collection procedure
- Data capturing and editing procedure
- Data analysis.

The themes are discussed separately.

### **2.3.1 The study areas**

The empirical research was carried out in Nairobi City County, Kenya. Purposive sampling was employed in selecting the Nairobi City County as the location of the study. The capital city of Kenya is situated in the Nairobi City County and the residents hail from different regions of Kenya, mainly in search of work. Hence, Nairobi City County has adequate representation of the different Kenyan communities. Kombo and Tromp (2006:75) indicate

that the selection of research area is essential because it influences the usefulness of the information produced.

Nairobi City County is divided into eight divisions, namely Langata, Makadara, Starehe, Kamukunji, Westlands, Embakasi, Dagoretti and Kasarani. Makadara and Langata divisions were selected using the purposive method of sampling. The main reason why Makadara division was chosen is that it is the poorest of the eight divisions and poverty incidence ranges from 31% in Westlands to 59% in Makadara.<sup>25</sup> Unlike Makadara, Langata has a mixture of poor and rich people; the main reason why this division was selected is because Kibera, which is the largest slum in Kenya and the second largest urban slum in East and Central Africa, is situated in this division and people living in this slum face abject poverty.<sup>26</sup> It was assumed that the division would have a high ratio of children orphaned through HIV and AIDS, as Muraah and Kiarie (2001:129) affirm that the spread of HIV and AIDS is associated with poverty.

In Makadara Division, the identified families with children orphaned through HIV and AIDS lived in the informal settlements and people living in the settlements are quite poor. The institution<sup>27</sup> that was selected for the research is located in Mukuru. Residents of the Mukuru slums are very poor; some of them can only afford one meal a day and they often go to bed without food. Generally, there is a high unemployment rate and residents rely on small-scale trading within the slum to earn a living. Some people resort to casual labour in factories located in Nairobi's Industrial Area and walk for long distances to and from the factories since they are unable to afford the fare for transport to work. From time to time, they are unable to find work and they return home empty handed, unable to meet the day's needs. People who live in the Mukuru slums live under very poor conditions. Most houses are mud-walled and are built extremely closely together, with narrow pathways dividing rows of houses. Only a few houses in the slums have access to electricity. Sanitation is

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<sup>25</sup><http://knbs.or.ke/surveys/poverty/pdf/KenyaPovcover.pdf> cited- 23<sup>rd</sup> April, 2012.

<sup>26</sup> <http://en.wikipedia.org/wiki/Kibera>) cited - 21<sup>st</sup> April, 2012.

<sup>27</sup> The institution provided health care support to people living with HIV and AIDS, had a primary school specifically for children who are infected and affected by HIV and AIDS. The institution also owned a children home for the very needy children particularly those who were double orphans and had no one to provide them with care.



very poor and one pit latrine serves a number of houses. There are a few water points owned by individuals and Mukuru residents buy water in jerry cans from those water points.



**Figure 2.1: Houses in Mukuru Slums**

**Source:** <http://kenyasports11.wordpress.com/2011/05/20/a-day-in-the-slums/> - 6<sup>th</sup> July, 2012.

In the Langata division, the selected institution<sup>28</sup> and the identified families with children orphaned through HIV and AIDS are in the Kibera slums. Kibera slums contain many mud-walled houses and a few stone houses. The houses are very close to one another and filthy water passes right outside the houses and drains into a nearby river. Just as in Mukuru, the Kibera slum residents rely on a privately owned water supply and they buy water for their

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<sup>28</sup> The institution served as a rescue centre for children and the majority of them were orphaned by HIV and AIDS. Children go to the institution and are provided with primary school education and meals and then go back to their homes.

daily use from a few water points. In addition, the infrastructure is poor. One pit latrine serves several houses and there are few passable roads to the area. Due to the high unemployment rate, many residents rely on small-scale trading within the slum to earn a living. However, the majority of the residents walk to the Industrial Area in search of jobs to sustain their families.



**Figure 2.2: A picture showing houses in the Kibera slum**

**Source: <http://blog.voiceofkibera.org/?p=428> - 16th June, 2012.**





**Figure 2.3: A drainage system in Kibera**

**Source:** <http://www.kibera.org.uk/Facts.html> - 9th June, 2012.

### **2.3.2 The Population Sample**

The scope of the research was limited to children orphaned through HIV and AIDS in Nairobi City County and pastors from different local churches in close proximity to the studied areas. Kombo and Tromp (2006:76) explain that a population refers to the larger group from which the sample is taken. This implies that a sample is a small selection from the larger whole. In this research, a sample is used because it would be laborious to study every child orphaned through HIV and AIDS and pastors from all local churches in Nairobi City County. Hence, the targeted sample for children orphaned through HIV and AIDS aged six to twelve years was forty-eight, but, the number of participants in the research was reduced to forty-five as some of those who had been approached to participate did not arrive for the focus group discussions.

According to Hesse-Biber and Leavy (2006:79), the logic of qualitative research is concerned with in-depth understanding, usually working with small samples, thus a large sample size is rarely necessary in qualitative research. The goal is to look at a ‘process’ or the meaning individuals attribute to their social situations and not necessarily to make generalisations, and this is why small samples often are appropriate. Although there are no rigid rules, six to eight participants are seen as sufficient when the sample consists of a homogeneous - group,<sup>29</sup> but a larger number of participants is suitable for a heterogeneous sample.<sup>30</sup> In this research, the focus groups were homogeneous as the participants were between six and twelve years old and had lost one or both of their parents through HIV and AIDS. The biographic information for those who participated in the research is summarised in Table 2.1. Their names remain anonymous due to the sensitive nature of the study.

**Table 2.1: Children’s social demographic characteristics**

Number	Age	Sex	
		Female	Male
1	9		Male
2	12	Female	
3	11	Female	
4	12	Female	
5	10		Male
6	12	Female	
7	11	Female	
8	10		Male
9	12	Female	
10	12	Female	
11	12		Male
12	8	Female	
13	12	Female	
14	11		Male
15	12		Male
16	9		Male
17	12	Female	
18	7		Male
19	7		Male
20	9		Male

<sup>29</sup> These are groups with members who are similar, for example regarding social class, age, gender, a particular life experience or some combination of the above (Hesse-Biber & Leavy, 2006: 213).

<sup>30</sup> Heterogeneous groups consist of dissimilar respondents. While these kinds of groups are relatively uncommon in academic research, they are appropriate when the researcher is interested in a range of responses (Hesse-Biber & Leavy, 2006:213).

21	10		Male
22	8		Male
23	10	Female	
24	12		Male
25	12	Female	
26	9		Male
27	11	Female	
28	6	Female	
29	11	Female	
30	10	Female	
31	8	Female	
32	9	Female	
33	12	Female	
34	10		Male
35	9	Female	
36	9		Male
37	12		Male
38	12		Male
39	12	Female	
40	12	Female	
41	12		Male
42	12		Male
43	10		Male
44	10	Female	
45	9		Male
		<b>Total 23</b>	<b>Total 22</b>

The study also targeted four pastors from four local churches. There were various local churches from different denominations within the study area, but only those local churches that were close to the study area and had a pastor who was willing to participate in the research were identified for the purpose of the research. It was assumed that the local churches that were identified were well positioned for providing support to the bereaved children. They included the Anglican Church, African Inland Church and two Pentecostal Churches. An outline of the pastors' social demographics is offered in Table 2.2.

**Table 2.2: Pastors' social demographic profiles**

Number	Age	Sex
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		<b>Female</b>	<b>Male</b>
1	28		Male
2	35		Male
3	39	Female	
4	47		Male

The majority of the pastors were men, as can be seen in Table 2.2. This is not a rare case as the majority of local churches in Kenya have more male pastors than female pastors.

### **2.3.3 Sampling procedure**

Sampling is the procedure a researcher uses to gather people for a study. Kombo and Tromp (2006:77) indicate that it is a process of selecting a number of individuals from a population in such a way that the selected group contains elements representative of the characteristics found in the entire group. Consequently, the research team in this study, with the exception of the clinical psychologist,<sup>31</sup> first visited the Makadara Division. The Children's Officer from this division helped in identifying families that provided care for children orphaned through HIV and AIDS. Initial contact was made with the guardians by sensitively approaching them with an intention of building rapport. Appointments were made with guardians who were willing to allow children to participate in the study and two households<sup>32</sup> were identified. This was followed by selecting the institution with children who met the criteria; the selection was done with the help of the Children's Officer from that division. The Children's Officer knew the institutions that supported children affected and infected by HIV and AIDS.

After the research team had gone to the Makadara Division, they went to the Langata Division. In the Langata Division, the Children's Officer assisted in selecting families with guardians willing to allow children orphaned through HIV and AIDS to participate in the research. The families that were identified were beneficiaries of a Cash Transfer

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<sup>31</sup> The role of the clinical psychologist was mainly to handle children who would experience distress and therefore the individual was not required to be available when children were not present.

<sup>32</sup> Households in this research were homes that were chosen by the guardians where children could gather for the focus group discussions.

Programme<sup>33</sup> managed at the time by the Office of the Vice President and the Ministry of Home Affairs. Two households where children would gather for the focus group discussion were identified. The selection of the households was followed by identifying a learning institution that was referred to as a rescue centre. In the institution, children were provided with primary school education as well as meals; after lessons, children returned to their homes.

The purposive method of sampling was used to select children orphaned through HIV and AIDS who qualified to participate in the focus group discussions. Kinoti (1998:50) indicates that, in purposive sampling, people who are included in the sample are more or less handpicked because of their experience and insight. For the purpose of this research, only children orphaned through HIV and AIDS and those who were between six and twelve years qualified to participate in the study. However, most of the guardians of children who were approached to allow children to participate in the focus group discussions declined due to the sensitive nature of the subject under study. Thus, a total of 45 children orphaned by HIV and AIDS participated in this research.

The study also targeted four local churches; the researcher made initial contact with the pastors of the local churches in the Langata and the Makadara Divisions through telephone conversations that led to the various meetings. During the meetings, the pastors who were willing to participate in the empirical research and the researcher agreed on convenient dates, times and venues to conduct the research. Pastors were particularly given the privilege of choosing the venues. As mentioned earlier there were various local churches within the study area, but only the local churches that were near the study areas and that had pastors willing to participate in the study were selected. Thus, a purposive method of sampling was employed which led to a total of four pastors participating in this research.

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<sup>33</sup> The Cash Transfer programme is an initiative of the Government of Kenya managed by the Office of the Vice President and the Ministry of Home Affairs. Its objective is to provide a social protection system through regular and predictable cash transfer to families with OVC in order to encourage their fostering and retention within their families.

### 2.3.4 Inclusion and Exclusion Criteria

This part provides descriptions of children who were eligible or ineligible to participate in the research. Thus, inclusion criteria refer to children who were eligible and exclusion criteria refer to children who were not qualified to participate in the research:

**a) Inclusion criteria for the children:** This entailed:

- Children aged between six and twelve years who were orphaned through HIV and AIDS,
- Children who had been allowed by their guardians to participate in the empirical research, and
- Children who had agreed to participate in the empirical research

**b) Exclusion criteria for the children:** This concerned those children who were excluded due to failure to obtain parental consent and those who withdrew from the study or failed to meet the above criteria.

**c) Inclusion criteria for pastors:** This entailed:

- Pastors of local churches that were near the study areas
- Pastors who were available and
- Pastors who were willing to participate in the empirical research.

**d) Exclusion criteria for pastors:** This concerned the pastors who did not meet the above criteria.

### 2.3.5 Data collection instruments

Data collection refers to the gathering of information proving or refuting some facts. Osmer (2008:55) defines data collection as a process of gathering data using agreed upon methods. Mouton (1996:100) refers to the methods as instruments and points out that, in order to collect data, some form of instrument has to be used. Mouton further states that, in the human sciences, instruments such as interviews, observation, and psychological tests are used. Hesse-Biber and Leavy (2006:19) explain that qualitative researchers often use instruments such as interviews and focus group discussions.



Therefore, since this research uses the qualitative research method, the raw data were collected using focus group discussions and semi-structured interviews. Focus group discussions were used to collect data from children orphaned through HIV and AIDS. Hesse-Biber (2006:195-196) observe that, in a focus group discussion, multiple respondents are interviewed together, making the focus group distinct from the one-on-one method of interviewing. It has a distinct advantage over other available methods in a situation where the researcher does not know the issues surrounding the topic. The researcher consequently figures out what the key issues, ideas and concerns are from the respondents (Hesse-Biber, 2006:195-196). Focus groups, through rich conversations disclose issues of social life that would otherwise remain unknown to the researcher (Hesse-Biber, 2006: 195-196).

In this research, each focus group discussion targeted six children between six and twelve years of age who had been orphaned through HIV and AIDS. However, some of the children did not arrive for the discussions; therefore the focus group discussions were held with four to six children. In two instances, however, the focus group discussions were held with eight children. This was allowed because the eight children were eligible and ready to participate, therefore the researcher found it inhumane to send away two of the children. Besides, it was ascertained that a focus group discussion could have up to eight participants (Kombo & Tromp, 2006:95).

Eight focus group discussions were held: four in Makadara and four in Langata (see Table 2.3).

**Table 2.3: Number of focus group discussions**

MAKADARA				LANGATA			
Focus group	Boys	Girls	Total	Focus group	Boys	Girls	Total
First	4	-	4	First	-	5	5
Second	3	2	5	Second	3	1	4
Third	2	4	6	Third	2	3	5
Fourth	3	5	8	Fourth	5	3	8

Individual interviews were conducted with pastors to gather data for the research. The researcher followed a guideline of interview questions (See Appendix 6). However, the interviews were flexible and personal; thus they provided a higher yield of responses. Rubin and Rubin (1995:2) argue that every step in an interview brings new information and opens windows into the experiences of the people one meets. However, the quality of data gathered from an interview is largely dependent on the skills of the interviewer. His or her ability to ask the right questions; to give time for thinking and to respect opinions determines the quality of the data. Kinoti (1998:55) notes that asking questions is not as simple a process as it may appear. The kinds of questions asked, sometimes the order in which the questions are asked, have a profound effect on the quality of data gathered.

### **2.3.6 Data collection procedure**

The research was conducted in two phases using the qualitative approach. Phase one involved collecting the data among children orphaned through HIV and AIDS. A set of prepared interview questions was used to obtain information about children's grief. Data collection began in the Makadara Division and one of the households was visited. As mentioned earlier in this chapter, appointments to conduct the research had been made; therefore the guardians had assembled all the children when the research team visited the homestead. One of the guardians introduced the research team to the children and the researcher explained the nature of the study in detail, as described in the informed consent form. The researcher also gave the guardians an opportunity to ask questions before completing the informed consent form. The research assistant collected the consent forms and ensured that they were completed adequately. The guardians were thanked and they left the research team and the children. Once permission was granted for the children to participate, the nature of the study and the procedure was explained to them. The procedure for data collection among children orphaned through HIV and AIDS that was used in the pilot study and discussed in Chapter 1 was also followed in all focus group discussions held in the selected households.

As previously mentioned, the pilot study did contribute to changing the formal process of the empirical research as follows:

- Assent forms were completed after the focus group discussions. However, permission for children to participate had already been granted by their guardians. Children were also aware that participation was voluntary and that they had the right to withdraw at any time.
- Kiswahili and English languages were used during the focus group discussions.
- Due to the experience in the pilot study, the order of the questions was changed (Appendix 7).

After collecting data in the households, the next place at which data was collected in Makadara Division was in the institution. To begin with, permission to conduct the study was sought from the head of the institution,<sup>34</sup> who was the proprietor. She completed and signed the informed consent form and introduced the research team to one of the counsellors. The counsellor provided counselling to people affected and infected by HIV and AIDS who sought help from the institution. Subsequently, the research team was ushered in by the counsellor when they visited the institution to conduct the research. She had identified the children who were eligible to participate in the research and by the time the research team arrived in the institution, children were ready for the focus group discussion. Two focus group discussions were held in that institution on the same day.

The focus group discussion started with an introduction with the researcher introducing the research team to the children. Children also introduced themselves by stating their names and ages. After the introduction, children were asked the open-ended question, “What were your experiences after either one or both of your parents died? You can start by telling me who you live with.” In addition to this question, other questions (see Appendix 1) were also asked to assist the children to express themselves. However, care was exercised when asking the questions to ensure that the children did not feel as if they were being probed. After the focus group discussion, they were given an opportunity to ask questions; then the researcher thanked them for their participation. The next place at which a focus group discussion was held in Makadara Division was in a household that provided care to children

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<sup>34</sup> The institution provides medical care to people who are HIV-positive and provides support and care to children orphaned by HIV and AIDS.

orphaned through HIV and AIDS. The procedure for data collection was the same as that for the children in the first household.

In the Langata Division, the focus group discussion was first held in one household followed by the second household on the same day. The procedure for data collection was the same as that for children in the households in the Makadara Division. After collecting data in the households, the research team visited the institution where two focus group discussions were held on different days. During the first visit, the team members reported to the head of the institution who introduced them to one of the teachers. The teacher, in turn, introduced the team to the children and gave a brief description of the primary school, including the number of orphans for whom the school catered. The researcher explained the nature of the study to the teacher, after which the teacher completed the informed consent form permitting the children to participate in the study. The researcher then explained the purpose of the study and the procedure to the children before the teacher left the room. The data collection procedure was the same as that for children in the institution in the Makadara Division.

During the focus group discussions, the research assistants played a supportive role as they primarily assisted the researcher to document the collected data properly. Amongst their various tasks, the recording of data had to be managed right through to the end of the sessions. The assistants also ensured that the consent forms were completed by the guardians; worked with the children to have the assent forms filled in at the end of the sessions; and counter-checked all the forms to guarantee that all necessary details were provided.

Phase two involved individual interviews with pastors. A guideline of interview questions was employed to find out how the church provides grief care to children orphaned through HIV and AIDS. Individual interviews were held in the pastors' local church offices. The purpose of the study was explained to them in detail and they completed the informed consent form. The first open-ended question, "In your church, do you have children orphaned through HIV and AIDS?" was asked. To guide the interview, other questions (see Appendix 1) were used. After every interview with a pastor, the researcher offered

them an opportunity to ask questions. The pastors were also thanked for participating in the research.

### **2.3.7 Data capturing and editing procedure**

Data come in different formats and have different properties. Textual data are rich in meaning and are difficult to capture in a short and structured manner. Numeric data are usually well structured and easy to capture, but not as rich as textual data (Mouton, 2001:108). Mouton further states that, for quantitative data, various spreadsheet formats dedicated to statistical packages have been developed over the years to facilitate capturing of such data. More recently, software programs have been developed for capturing qualitative textual data. These include packages such as Winmax, Hyperqual and ATLAS ti. (Mouton, 2001:109). This implies that, when capturing data, the researcher has to decide which software to use to capture and store the data. The kind of data would therefore determine the selection of the programme. Data in this research was not textual, ATLAS ti. Software programme was used after transcribing the data that were collected during the focus group discussions and interviews.

In the present research, an audio recorder was used to store data in the sound tracks. The recorder provided a recording number for every session. These recording numbers were used to save the sound tracks on the computer hard drive and flash disk for back-up. As raw data from the focus group discussions were mainly in the Kiswahili language, the research assistants transcribed and translated the data collected from the focus group discussions into English for the divisions they facilitated in data collection. Data from the pastors was in the English language, thus it was simply transcribed. To ensure correct representation of the sound tracks, the researcher listened to the sound tracks as she read through the transcribed texts. The texts were then loaded onto the ATLAS ti. (2004) programme. The programme is specifically designed for qualitative data analysis (Mouton, 2001:108). The rationale behind the use of ATLAS ti. software in this research is that it serves as a powerful device for the qualitative analysis of larger bodies of textual data and facilitates knowledge management by transforming data into useful knowledge.

### 2.3.8 Data analysis

Mouton (2001:108) argues that analysis involves breaking up the data into manageable themes, trends and relationships. The aim is to understand constitutive elements of the data through inspection of the relationships between concepts and themes and to see whether there are patterns or trends that can be identified in order to establish themes in the data. Once the transcribed texts of the eight focus group discussions were loaded onto the ATLAS ti. (2004) software programme, the coding process was initiated. The researcher read and selected text passages that were of further interest, grouped them into “quotations” and assigned codes to the quotations. After studying these codes further, it was determined that they could be grouped under one main title. This main title in the ATLAS ti. (2004) software programme is referred to as a code family. For instance, the researcher identified “grief experiences” as the first code family, and the codes, emotional, behavioural, cognitive, spiritual and physical experiences, were assigned to that code family. The researcher also identified memos that contained her thoughts on the data. The memos acted like small notice boards that provided more information on the quotations and codes.

The remaining data that were not coded into the “grief experiences code family” seemed to contain details of what transpired after the death of the parents. The researcher therefore studied the remaining data and assigned new codes to them. The new codes were organised and linked to other related codes to form a new code family named “bereavement circumstances.” However, some codes did not fit into the “bereavement circumstances code family,” but were essential in that they explained the status of the children after their parents had died. Therefore, a third family code named “type of orphanhood code family” was identified. Thus, the status of the children could be double orphan, paternal orphan or maternal orphan.

The same process of data analysis that was used for the children’s data analysis was employed for the interviews held with the pastors and new codes emerged. These new codes reflected the various roles of the church before and after the burial of the deceased parents and the extent of the church’s awareness of the orphans in the congregations. One code also captured the level of training in grief care to bereaved children of the pastors.

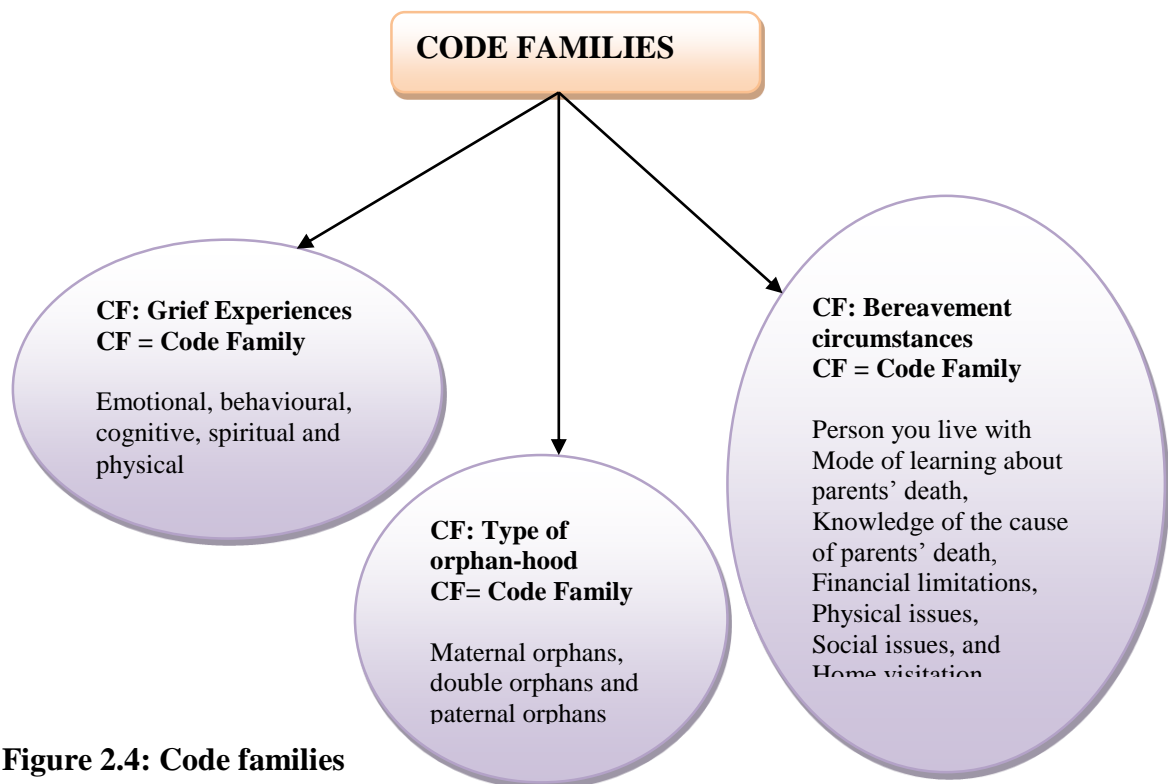
These codes were grouped together under the code family named “The role of the church in providing grief care to the bereaved children.”

## 2.4. Presentation of data analysis

Data for this research, as mentioned earlier in this chapter, were collected through the qualitative research method utilising focus group discussions with children orphaned through HIV and AIDS and interviews with individual pastors. Therefore the presentation of the data analysis will focus on presenting the analysis of the children’s data first, followed by the analysis of the pastors’ data.

### 2.4.1 Presentation of analysis of children’s data

After translation was completed, the ATLAS ti. software programme designed for qualitative research was used to code and analyse the transcribed and translated texts of the eight focus group discussions. The texts were allowed to dictate the codes, thus three code families<sup>35</sup> emerged. Each of these codes is discussed individually and Figure 2.4 provides a graphic representation of the codes.



**Figure 2.4: Code families**

<sup>35</sup>In this study, a code family is a cluster of related codes.

The first code family is named “Grief Experiences” and it contains a family of codes that describe children’s emotional, behavioural, cognitive, spiritual and physical experiences after one or both of their parents died as a result of HIV and AIDS. Some of these codes have a number of sub-codes. The second code family is named “Bereavement Circumstances” and it describes bereavement circumstances which are associated with the death of one or both parents. The third code family refers to the “Type of Orphanhood”, which indicates the parental status of the children after one or both of their parents died. As indicated earlier, confidentiality was adhered to as a way of protecting the privacy of participants. The legend for transcriptions follows:

#### **Legend for quotations**

➤ [ ]

The empty bracket signifies that the name of a person or place has been concealed for the sake of confidentiality.

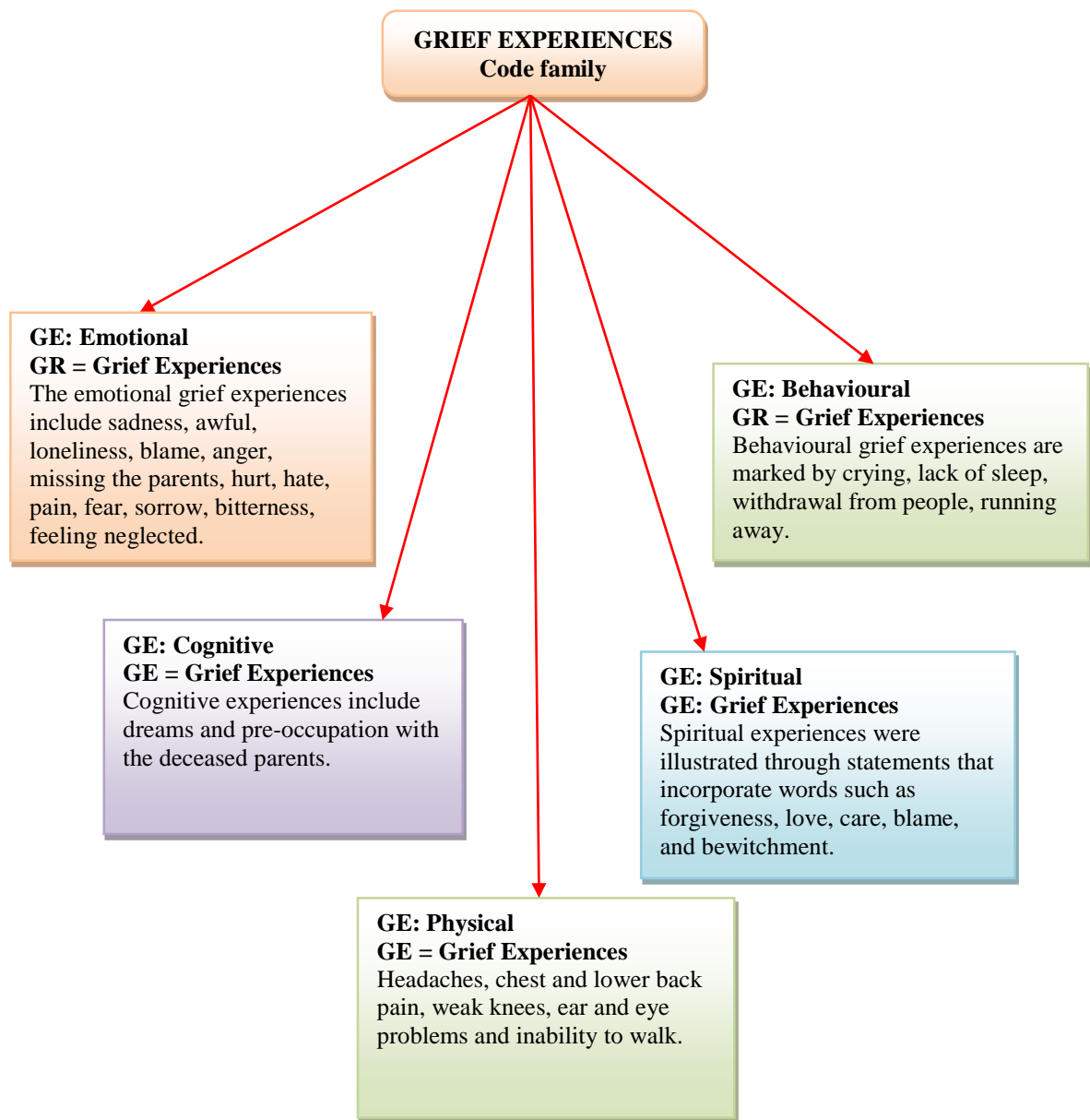
➤ ...

When found at the beginning of a quotation, this denotes that the quotation started in the middle of a sentence. When found at the end of a quotation, it means that the following sentence was not considered relevant. In instances where it is found in the middle of a quotation it indicates that a section of the quotation was not relevant and therefore it was removed.

#### **2.4.1.1 Grief experiences**

Figure 2.5 presents grief experience codes derived from the transcribed and translated texts of the eight focus group discussions. Grief experience codes include: emotional, behavioural, cognitive, spiritual and physical.



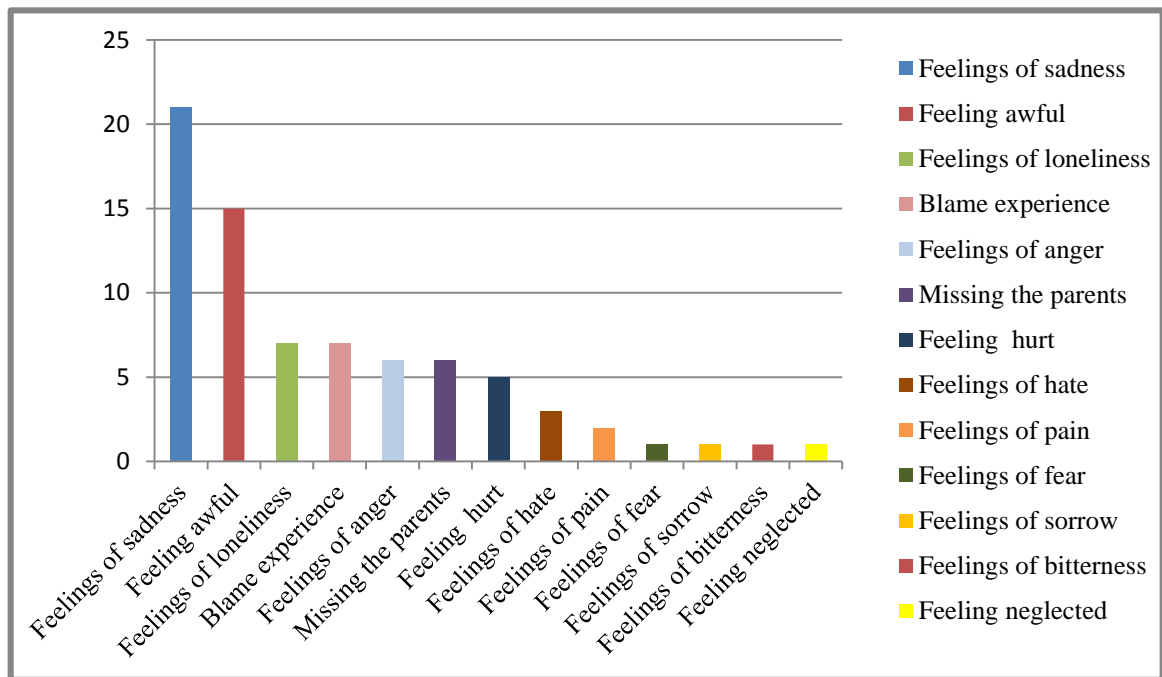


**Figure 2.5: Grief experiences**

#### **2.4.1.1.1 Emotional grief experiences**

Figure 2.6 presents a ranked display of emotional grief experiences of the participants derived from the transcribed and translated texts of the eight focus group discussions that were conducted. Kombo and Tromp (2006:120) state that, in interpreting and presenting results, the frequency with which an idea, aspect or element appears is interpreted as a measure of importance, attention and emphasis. In this research, the number of quotations for each emotional feeling were as follows: sadness (21), awful (15), loneliness (7), blame

(7), anger (6), missing the parents (6), hurt (5), hate (3), pain (2), fear (1), sorrow (1), bitterness (1), and neglected (1). Figure 2.6 indicates the number of quotations that are linked to the particular emotional feelings. Each of these emotional feelings is discussed individually in the order in which they appear in Figure 2.6 and a conclusion is drawn at the end.



**Figure 2.6: Emotional feelings of grief**

**a) Feelings of sadness**

The feeling of sadness was the most commonly expressed emotional feeling with 21 quotations. Some children indicated feelings of sadness stemming from the loss of their parents as revealed in some of their statements<sup>36</sup> below:

- *When my father died, I was very sad. I did not want him to die, yet he became sick and died.*

<sup>36</sup> It should be noted that some of the statements contain stylistic errors because the translation is mainly literal.

- *My mother died before I came to this school, I used to live with my aunt and before that, I lived with my father. When I lost my mother, I felt sad though I cannot remember how old I was.*
- *My mother is dead now and I do not know how she died. All I remember is that I was playing one day and that day mum did not come home. Later on, my uncle called me into the house and told me that my mother had died. This made me really sad and I started to cry.*
- *Losing my mother made feel very sad, besides, I felt that I had lost something very important in my life.*
- *Now that my father is dead, I feel very sad and feel a lot of anger because if my father was not bewitched he would still be here and my life would not be in this state.*
- *There are times I look back and think about my mother, when that happens I feel very sad.*
- *When my mother died, I was very sad...*
- *When my mother died, we were very sad and I had a heavy heart...*
- *I feel sad because I have lost both my parents...*

In some other instances, the children reported feeling sad because of lack of financial support:

- *My father died. My mother lost her job and so she has no money to buy food. Sometimes we sleep hungry and in the morning, we drink tea without sugar and then go to school. I feel sad since it was my father who used to provide school fees and food for us and now he is dead. I miss my father especially when I am going to sleep.*
- *Sometimes if my grandmother has not found some work to do, we sleep hungry. At times, neighbours give us food. My grandmother is unable to pay school fees for us and we are sent home from school. We did not do our exams because of lack of fees. We just stay at home. I feel sad when others go to school and I just stay at home. If my mother and father were alive, I would be having all those nice things.*
- *I feel awful when I am chased away from school because I do not have these things. I feel sad for not having parents. I think about my mother and start crying, and when my grandmother asks me what I am crying about, I do not tell her.*

- *I feel sad when I stay at home and others go to school, and their parents buy for them nice things. If my mother were alive, she would have bought for me all those things.*
- *Sometimes it hurts a lot especially when you ask for something and for one reason or the other you cannot get it. That makes me feel like if I had a mother or a father then I would not have to miss some of these things. Thoughts like that make me very sad and sometimes I just shut everyone out. The worst part is that I cannot take it back; my parents had to die but if I would have it any other way I would wish that they were here today.*
- *I feel very sad when I am sent away from school for lack of money for school fees.*
- *Sometimes, I do not have shoes or uniform to go to school. When I was sent home from school, I felt very sad and wished my father were alive. If he were alive, I would not have been sent home. The shoes I was wearing last year no longer fit me. I have repeated a class due to being sick. I get malaria and colds frequently. I sometimes miss school for two weeks. Some children ask me where my father is and I have to tell them that he is dead. This makes me feel sad.*

Witnessing the death of a parent is very traumatising. In fact, one of the children who had witnessed the death of a parent continued to shed tears when asked about her feelings though she summoned courage to express herself. She said that she felt very sad when she witnessed her mother dying:

- *I saw my mother when she was dying; she used to be very sick and would have fits. This experience makes me feel very sad.*

The death of a parent creates instability and insecurity in children. Children often experience lack of parental love, affection, protection and care. The following statements from the children confirm these experiences:

- *When my mother died and I was left with my father, my father would wake up in the morning, prepare tea for me and then leave for work and I would be left alone, where I would see other children with their mothers and that would make me sad.*
- *It feels sad to imagine other children are taking letters from school to their mothers but I take my letter to my aunt.*

- *My grandmother is normally in the house taking care of the baby. Sometimes, she goes to look for work and the boss chases her away, and we sleep hungry. I feel sad because other children have nice things and books and I feel that if my mother were alive, she would have bought me all those things.*

Children feel sad when they experience discrimination and rejection. One child reported that she and her siblings were insulted and denied access to the toilets.

- *When we ask for the key to the latrine from the neighbours, they deny us the key asking us whether we are the ones who built the latrine. We therefore have to go for a short call in a tin can and then pour out the urine at night in the trenches. We cannot pour it out during the day since the neighbours say that we are pouring AIDS in the trenches. My father died of AIDS but my mother is not infected... My classmates are not aware that my dad died of AIDS but my neighbours have some idea... Why do the neighbours say that we pour out AIDS in the trenches? This makes me feel very sad.*

#### ***b) Feeling awful***

Feeling awful was ranked second among the feelings expressed by children in the focus group discussion in this research; some children even mentioned this more than once. Most children indicated feeling awful and expressed the need for financial support after the loss of their parents. Feeling awful appeared to stem from the fact that most children had no one to turn to for basic needs such as school fees and food after the loss of their parents, or they were mistreated by relatives who reminded them of their parents' death.

One child stated that, on learning about his father's death, he felt awful, and from the statement, it seems the child had been separated from his father before he died:

- *When I found out that my father had died, I felt awful. Living together with my father was good but then my aunt came and took me away. I do not know why they took me away because my father was still alive...*

Eight participants reported that they felt awful because of lack of parental support, love and affection:

- *Seeing other children with their parents made me feel awful. My aunt stepped in and decided to help. After she came into my life, I started feeling like I have parents. When I disagree with her, I feel awful and it hurts and sometimes I think that if she was my mother it would have been different...*
- *I feel very awful when I hear that I have no mother... I feel awful when I see my friends with their parents.*
- *I feel awful when other children talk about their fathers and when I see them with their fathers in school...*
- *I feel very awful especially because I did not see my father, then when I had just gotten to know my mother, she also passed on, I feel very awful because there is nobody who loves me...*
- *I feel awful for not having parents, especially when the school gives us letters to take to our parents inviting them for a meeting...*
- *I feel very awful... when I see my friends with their parents I feel very awful...*
- *I feel awful... I would be left alone, where I would see other children with their mothers...*
- *I feel very awful because I did not see my father, but I did see my mother but she also passed on and this made me feel awful.*

Loss of parents caused two children to feel awful. Awful feelings stemmed from children's memories of their parents and also the manner in which they were treated by relatives.

- *I feel awful for not having parents. I stay with my aunt since my grandmother went back to the village. This aunt mistreats me and does not feed me well as I only eat porridge in the evening before taking my medication. The only other meal I get is at school... I feel so awful for not having a parent.*
- *I feel a lot of pain and also awful because I do not have my parents and before I came here my uncle used to beat me, yet he never used to beat his own children apart from one...*

Some children in this study lived with relatives and most of them were not able to meet the children's basic needs such as education, school uniform, good shelter and food. As a

result, three children who lived with relatives felt awful because their basic needs could not be met, and especially when they compared themselves with other children who had parents.

- *I live with my aunt. I want my aunt to get a job so that we can live a good life. When I go to school without uniform, the other children laugh at me. I feel very awful when they laugh at me. Sometimes, my aunt has no money to buy food; thus, we sleep without food.*
- *I live with my grandmother. Sometimes we sleep hungry when my grandmother has no money for food. She also lacks school fees at times and we are sent home from school. Right now, I do not have stationery and school uniform. I feel awful when I am chased away from school because I do not have these things...*
- *I live with my grandmother and both my parents died... I do not go to school since I do not have school uniform, shoes, pen, a geometry set, socks and books. Others go to school and I am left at home. It makes me feel awful though they do not laugh at me...*

One child expressed feeling awful because of the way she was being treated by her aunt.

- *When my aunt used to do all those things to me, I felt awful.*

### **c) Feelings of loneliness**

Out of the forty-five children who participated in the group discussions, seven reported feeling lonely when they lost their parents. Feeling lonely was ranked third among the feelings expressed by the participants. Children are faced with constant reminders that their parent or parents are dead.

- *The other children do not treat me any different because I am an orphan but I sometimes feel so lonely and I wish that just as they have their parents so would I also have my own...*
- *We are unable to enjoy ourselves at home, and sometimes, I am unable to sleep well as I think about my father. When I think about my parents, I feel so lonely.*
- *When I grew up and found out that I did not have parents, I felt lonely...*
- *I feel lonely when other children go away for Christmas and I am left here with my grandmother with no new clothes. I remember when my mother and father were alive,*

*and my father would bring money home which my grandmother would spend to buy food. When I was small, my parents used to take good care of me.*

- *I sometimes feel lonely for not having my parents...*
- *I remember my parents, I feel lonely and then I start crying...*
- *I feel lonely when I think about my father and then I start crying...*

#### **d) Blame experiences**

Blame experiences were reported by seven participants during the focus group discussions. Blame was directed at God and other people, including their dead parents.

- *I used to live with both my parents; then one day our neighbours who did not get along with my parents visited us and bewitched my father. They said that our home would split up and that my father's attention would be split and scattered, and so would his family. Shortly after this, my father became very ill and then he died. I did not see these people but that is the story my mother told me; that our father was bewitched by people who did not wish us well. I did however see my father when he was ailing up to the point where he passed on, that much I remember...*
- *One day, my mother came home with swollen eyes. She used to work for an Indian who had given her some erasers to bring to me. She told us that her co-workers were not so happy when she was given the erasers, and one of them asked the Indian why he could not be given the erasers to take to his wife. My mother had hung her petticoat on a clothesline, and her co-workers took it and did something to it. When my mother went to sleep, she became dizzy and fell. Her eyes swelled and she came home with swollen eyes. In August, she became sick and was taken to St. Mary's Hospital. She had little blood in her system and it was added but somehow, it used to decrease even after addition. Whenever my brother's wife used to visit her, she used to get worse. I do not know what they did to her. Her legs became weak and her skin looked as if she had burns on her. By the time she died, her head was also swollen. She died at home while resting on the sofa set.*
- *I sometimes think my parents never loved me and that is why they died...*
- *... Sometimes I blame God for my parents' death...*



- ... *Why did God allow my mother to suffer so much? Sometimes I feel like blaming him for her death. Why did he make her suffer like that, she was my mother...*
- ... *I think and ask myself why God did this to me, He does not love me and I blame him for my parent's death...*
- ... [ ] *tells us that God is kind. But why then did he allow my parents to die when I was young? At times I blame him for their death...*

#### ***e) Feelings of anger***

Feeling angry was reported by six children; however, one child expressed anger twice during the focus group discussion, making up seven statements related to anger. Anger was directed at other people and not at self. One child was angry for losing the mother yet another child reported feeling angry when she remembered her mother. However, feelings of anger for some children were aroused when they perceived that they were being rejected, mistreated or ignored.

- *The fact that she told me to my face that she will never love me, that made me angry and that is why I started thinking about running away from her home. ...*
- *I feel a lot of anger because if my father was not bewitched he would still be here and my life would not be in this state. Sometimes when I think about it and the people who did this to my father, I get very angry... I do not think I can ever forgive them.*
- *There is this one time when... this boy had a bicycle and was riding around the neighbourhood and I asked him if he could give me his bike. He told me that my parents should buy me one, just the way his parents did. That really hurt and made me very angry...*
- *When I grew up and found out that I did not have parents, I felt lonely, angry...*
- *When my mother died, I was very sad and felt angry.*
- *When I remember my mother, I do cry. I get very angry and go to sleep.*
- *My aunt pays my school fees, buys me clothes and takes me to the hospital; no one else comes to help or visit me. I get angry when I think that my mom and dad are not here because I see other children have fathers and mothers and I do not ...*

#### ***f) Missing the parents***

Six of the participants reported that they missed their parents. One of them twice emphasised that she missed her parents. Missing dead parents was ranked sixth.

- *This made me miss my mother very much. My mother used to pay for everything in the house, food and everything. My aunt has no job hence we do not have many things. Our brothers do not support us, and sometimes we sleep hungry.*
- *I miss my mother very much. She was very good to me. She would also give my friends food and they liked my mother very much. When I remember my mother, I do cry...*
- *It is my father who used to provide school fees and food for us and now he is dead. I miss my father especially when I am going to sleep.*
- *I cry because I miss their love, and now, I have only my aunt to take care of me. I really miss them...*
- *The thing I miss the most is their parental care. When your parents are alive especially mothers, they can tell when you want something really bad. For example, every year, schools give a one-day break to children to attend the Nairobi Agricultural Show. Around here, every other child who does not come from this home attends this annual festival and at the end of the day, they come back and tell you how much fun they had. In my case, when I ask to be taken to the show, all I get is a no with no explanation or that there is no money and the best I can do is listen to the stories of my friends who attend the show.*
- *I miss them when I see other children with their parents...*

#### ***f) Feeling hurt***

Five participants reported that they felt hurt. One participant repeated twice that he experienced hurt. Hurt was reported especially when participants lacked something they considered relevant to them.

- *Sometimes it hurts a lot especially when you ask for something and for one reason or the other you cannot get it. That makes me feel like if I had a mother or a father then I would not have to miss some of these things. ...*
- *There is this one time when I was really hurt by another boy. This boy had a bicycle and was riding around the neighbourhood and I asked him if he could give me his bike.*

*He told me that my parents should buy me one, just the way his parents did. That really hurt ...*

- *When I see other children go to their mothers, it makes me feel very hurt.*
- *It hurts and sometimes I think that if she was my mother, it would have been different.*
- *I feel hurt... very hurt inside when I see other peoples' mothers. When my mother is dead ...*

#### **g) Feelings of hate**

The three participants who reported feelings of hate directed it towards their relatives, especially those who had lived or were living with the children. One child twice emphasised that she hated her aunt because the aunt had said she would never love this participant and she physically abused the participant. However, one participant believed that the father had been bewitched and that was why he died. Consequently, this child expressed feelings of hatred towards the people whom he believed had caused his father's death.

- *I don't like my aunt. If I was asked to go and live with her again I would not because I know she will start beating me up again. And she said that she will never love me and that is why I hate her...*
- *Sometimes, when I think about it and the people who did this to my father... I hate them. I do not think I can ever forgive them...*
- *I do not like my aunt, and I wish she would go away*

#### **i) Feelings of pain**

Two participants who were double orphans indicated that they experienced pain because of the loss of their parents. One child experienced four types of feelings; she felt pain, was angry, felt awful and lonely. The other reported having felt bad and pain. Feeling awful was reported by both children.

- *When I grew up and found out that I did not have parents, I felt angry, lonely, pained and I also felt very awful. My grandmother used to take care of me before I came here...*
- *I feel a lot of pain and also very bad because I do not have my parents.*

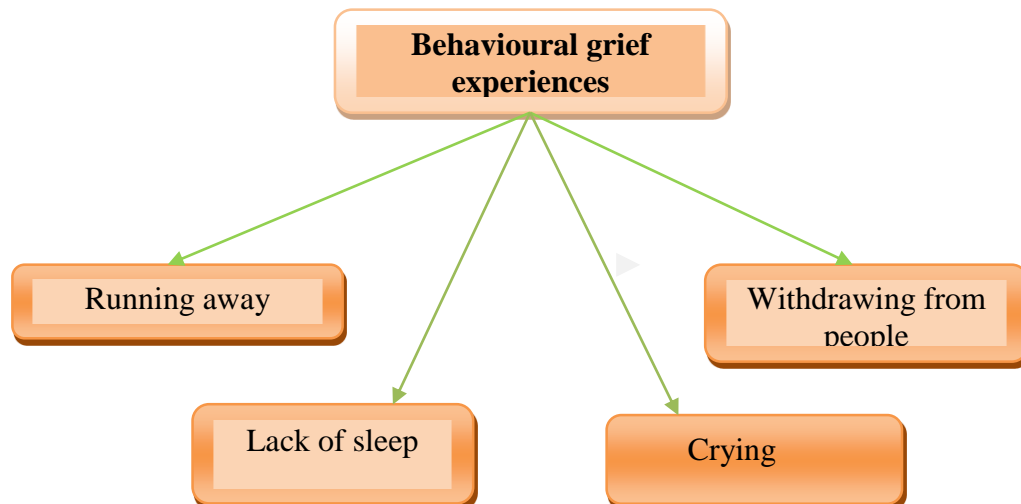
### *j) Other feelings*

One participant reported that she sometimes felt afraid when her aunt travelled and left her alone in the house, because she imagined thieves breaking into their house. Another child reported having experienced sorrow when he saw other children with their mothers. One child said she felt very bitter because she saw her mother when she was dying and another child reported feeling neglected when the pastor visited the family during the period of bereavement and they talked to the mother but not to the children.

In conclusion, emotional feelings were expressed by every participant. Some participants expressed themselves verbally and others by using non-verbal expressions such as crying. Some of the participants who were able to express themselves verbally reported having experienced more than one emotional feeling. Emotional feelings were found in association with other experiences of grief, like the behavioural experiences which are the topic of the next report (See section 2.4.1.1.2).

#### **2.4.1.1.2 Behavioural grief experiences**

These are descriptions of behavioural ways in which the participants responded to the death of one or both parents. The vast majority of behavioural grief experiences were associated with children thinking about their deceased parents. As indicated in figure 2.7, the behavioural experiences include: running away, withdrawing from people, crying, and lack of sleep. They are discussed in that order.



**Figure 2.7: Behavioural grief experiences**

**a) Running away**

One child ran away after she had been physically abused by the aunt:

- *My aunt kept on beating me and accusing me of going outside to show people marks on my body after she had beaten me. So one Saturday I decided to run away. I wanted to run away and go to live with my friend who lives in Makadara. I sneaked out and ran until I found a road which I decided to follow. I followed the road until it became dark, so I went close to a certain house and spent the night outside the house.*

*In the morning, I continued walking until I found another road and as I was crossing I saw a lady whom I decided to ask if she knew where the road leading to Makadara was. She said she did not know and so she suggested that we walk up to a shop where we would ask for directions. When we got to the shops, the lady left me there with the shop attendant who took me to her sister and the sister asked me many questions before she took me to Makadara in Mlolongo.*

*I did not know there was a Makadara in Mlolongo, so when we got there she took me to the police station where the police asked me questions and then I stayed there for two days. After two days, the police transferred me to Umoja Police Station where I was asked many questions then I was transferred to Makadara Police Station. There I stayed for about three days and then the police said they would take me to Makongeni at which point I refused. That is when they took me to Magoro and it was when I was in Magoro that they finally decided to bring me here... The fact that she told me to my face that she will never love me made me very angry and that is why I started thinking about running away from her home.*

**b) Withdrawing from people**

One child reported that he withdraws from others when thinking about his deceased father:

- *Thoughts like that make me very sad and sometimes I just shut everyone out. The worst part is I cannot take it back. My parents had to die but if I would have it any other way, I would wish that they were here today.*

**c) Crying**

Twelve participants reported that they cried and seven of the twelve children reported crying when they remembered their deceased parents:

- *I used to live with my mother when she fell sick and died and after that, I used to have memories of my mum passing on and that made me cry a lot...*
- *When I was small, they used to take good care of me. When I think of how my mother used to love me, I start crying. Now, when my grandmother does not get a job, we sleep hungry...*
- *Both my parents have died... When I remember my parents, I feel lonely and then I start crying. I cry because I miss their love, and now, I have only my aunt to take care of me.*
- *When I think about my parents, I feel like crying...*
- *When I remember my mother, I do cry. I get very angry and go to sleep.*
- *When I think of how my mother used to love me, I start crying...*
- *Sometimes at night I think about them and other nights, I dream about them, and it makes me so sad that I start to cry. No one is there to comfort me...*

Three children reported that they cried as a result of the death of their parents:

- *One evening, I left for my grandmother's house and on returning home, I was informed that my mother had died. I did not know what had happened to my mother and I started crying.*
- *My mother is dead now and I do not know how she died. All I remember is that I was playing one day and that day mum did not come home. Later on, my uncle called me into the house and told me that my mother had passed on. This made me really sad and I started to cry.*
- *I cried very much over my mother's death.*

Another child reported that she missed parental love, which triggered her behavioural experience:

- *I cry because I miss their love, and now, I have only my aunt to take care of me. I really miss them...*

One participant reported that sometimes she is left alone in the house and she imagines the house being broken into.

- *Sometimes when my aunt travels and we are left alone, I feel afraid as I imagine thieves breaking into our house and then I start crying.*

#### **d) Lack of sleep**

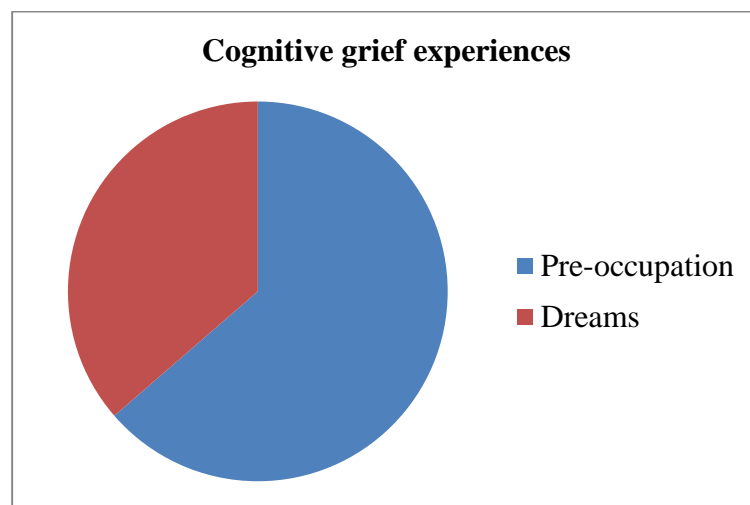
One child was unable to sleep when he thought about the father:

- *We are unable to enjoy ourselves at home, and sometimes, I am unable to sleep well as I think about my father.*

In conclusion, the behavioural grief experiences tended to be negative. They were experienced mainly with emotional and cognitive experiences of grief. This implies that grief experiences are not limited to emotions and behaviour, but participants also experienced cognitive grief experiences

##### ***2.4.1.1.3 Cognitive grief experiences***

The testimonies of the participants show that cognitive grief experiences were associated with dreams and pre-occupation with their deceased parents. Ten children reported cognitive grief experiences. Seven of them reported pre-occupation and three reported dreams. Figure 2.8 provides a graphic representation of the incidence of experiences of cognitive grief.



**Figure 2.8: Cognitive grief experiences**

Seven children were sometimes pre-occupied with thoughts of their deceased parents:

- *.....I used to live with my mother when she fell ill and died and after that, I used to have memories of my mum passing on and that led me to cry a lot.*
- *...I feel so awful for not having a parent. Sometimes when I am alone, I wish I could see my mother and my father...*
- *I live with my mother... I miss my father especially when I am going to sleep.*
- *I was seven years old when my father died... I am unable to sleep well as I think about my father...*
- *There are times I look back and think about my mother, when that happens I feel very sad...*
- *That makes me feel like if I had a mother or a father then I would not have to miss some of these things. Thoughts like that make me very sad and sometimes I just shut everyone out. The worst part is that I cannot take it back. My parents had to die but if I would have it any other way I would wish that they were here today...*
- *When I think of how my mother used to love me, I start crying...  
I think about my mother and start crying, and when my grandmother asks me what I am crying about, I do not tell her.*

Three children dreamt of their deceased parents. When two of the children dreamt about their parents, it triggered emotional and behavioural experiences. It is interesting to note that most of the children who dreamt of being with their deceased parents were double orphans. The statements below given an account of their experiences:

- *I feel sad because I have lost both my parents. Sometimes at night, I think about them...  
I dream about them and it makes me feel sad that I start to cry...*
- *My father died when I was six... Sometimes I dream I am with my father, playing at the Uhuru Park. He buys me whatever I want and when money gets finished, he tells me that we go back home and promises to take me back to Uhuru Park the following day. Then I dream I am with my neighbours, who put evil spirits at our door, and say that this woman (my mother) is bad and wears torn clothes...*
- *Both my parents have died. Sometimes, I dream I am with them...*



In conclusion, it is clear from the quotations that the cognitive grief experiences were associated with emotions. However, cognitive grief experiences were mainly associated with various aspects of memories, thoughts and, sometimes, with spiritual aspects. Grief experiences therefore are not limited to emotions, behaviours, and cognition, but also occur with the spiritual aspect, the topic of the next report (See section 2.4.1.1.4).

#### **2.4.1.1.4 Spiritual grief experiences**

Spiritual grief experiences were reported by ten participants. The experiences were illustrated through quotations incorporating terms like forgiveness, sins, blame, and love as well as care. These are discussed as itemised below:

##### **a) Forgiveness**

One participant acknowledged that to deal with hurt, she had to forgive:

- *At church, they teach us about forgiveness. The Archbishop gave me a book on forgiveness and told me to be reading it all the time. It helped because I was able to forgive those who had hurt me.*

##### **b) Sins**

God's saving grace was questioned by one participant:

- *... I think that God did not die for me and my sins. I feel like he died for everybody else except me. I do not feel special.*

##### **c) Blame**

Three of the participants blamed God for the death of their parents:

- *... Sometimes I blame God for my parents' death. Why did this have to happen to me?*
- *... Why did God allow my mother to suffer so much? Sometimes I feel like blaming him for her death. Why did he make her suffer like that, she was my mother...*
- *... [ ] tells us that God is kind. But why then did he allow my parents to die when I was young? At times I blame him for their death...*

##### **d) Love and care**

Some participants reported that God did not love and care for them and this resulted in some blaming God for the death of their parents. One participant thought that God was unfair to him.

- ... *I wish I was there when they died so that I would have died with them. I feel God does not love me. Why did he allow them to die and for me to live on and suffer...?*
- ... *I think and ask myself why God did this to me; He does not love me and I blame Him for my parent's death. But I am grateful to God that I got [ ] and the school for they take care of me.*
- ... *I think God does not care and love me. Why did he allow dad and mum to die?*
- ... *God does not love me because I get sick many times*
- ... *Why me? God is not fair; he even does not love me...*

The above quotations on spiritual aspects of grief clearly indicate that participants were aware of God's presence during times of suffering. However, participants tended to view God's presence in their lives in a negative way.

What children believe and feel, or how they behave or think, are some of the grief experiences in their minds. What children experience physically is equally important and this is reported on next (See 2.4.1.1.5).

#### **2.4.1.1.5 Physical grief experiences**

Physical grief experiences were reported by one participant:

- *I cannot walk for long distances since when I walk, my knees feel weak and I am unable to move my legs then I fall down. I walk slowly to school and when my knees feel weak, I just stand until that feeling goes then I continue walking. It started about two years ago. Sometimes, I get pain in my lower back... My eyes are sometimes unable to see clearly and sometimes I do not hear well.*

The above quotation on physical grief experiences denotes that a bereaved person can experience physical grief in more ways than one.

#### **2.4.1.1.6 Concluding remarks regarding grief experiences**

The emotional, behavioural, cognitive, spiritual and physical grief experienced was identified in the transcribed and translated texts of the eight focus group discussions with the participants. These experiences were integrated but have been separated for the purpose

of presentation and interpretation. The manner in which participants interpreted their grief provides insights into the children's grieving situation. However, grief was complicated by circumstances of bereavement and they are reported on next (See section 2.4.1.2).

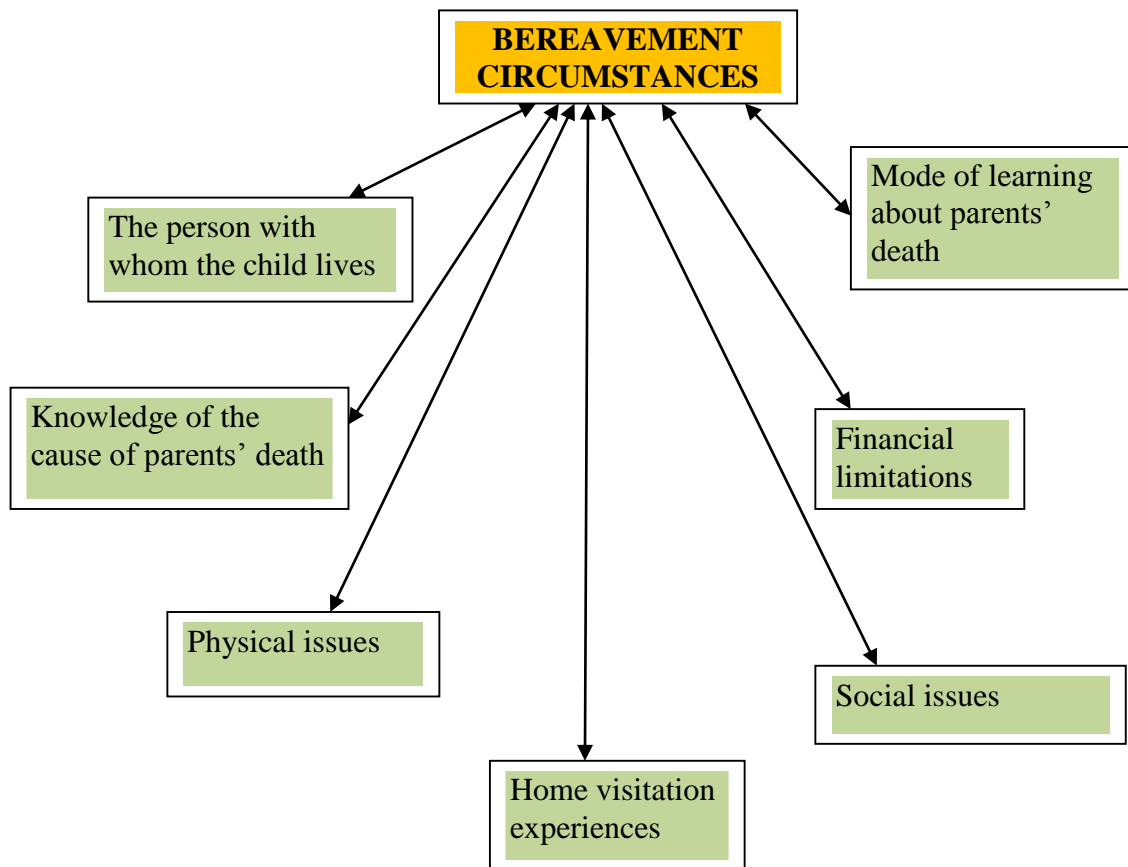
#### **2.4.1.2 Bereavement circumstances**

Figure 2.9 presents the features of bereavement circumstances, as derived from the transcribed and translated texts of the eight focus group discussions with the participants. In response to the open-ended question that was asked, namely, "What were your experiences after either one or both of your parents died? You can start by telling me who you live with," the children provided detailed descriptions of their grief situation. The researcher read and re-read every statement of the transcribed and translated text to identify the grief experiences. Bearing in mind the framework set by the literature, the researcher allowed the texts to dictate the codes.

After reading through the texts, it was discovered that some remaining texts did not fit into "grief experiences". The texts provided additional details of what transpired after the death of the parents. The researcher therefore studied the remaining data and assigned new codes. The new codes were organised, linked to related codes and placed in a new code family called "bereavement circumstances". As mentioned earlier (2.4.1), "bereavement circumstances" is one of the code families that emerged from the transcribed and translated texts of the eight focus group discussions. Bereavement circumstances are associated with the death of one or both parents and they include:

- The person with whom the child lives
- Mode of learning about parents' death
- Knowledge of the cause of parents' death
- Financial limitations
- Physical issues
- Social issues
- Home visitation experiences.

These features are reported, starting with the subject of inquiry being the person with whom the child resides.



**Figure 2.9: Bereavement circumstances**

#### ***2.4.1.2.1. The person with whom the child lives***

Of the 45 children who participated in the study, twenty-five children mentioned the people with whom they lived. Most children lived with non-parental guardians. However, some of the children said that they lived with their mothers after their fathers had died. It was interesting to learn that only one child lived with his father. The statements clearly indicate that most children lived with women, not men, and none lived with a grandfather. Nine of the children had a biological parent as a primary guardian, eleven a relative other than the parent and five had a non-relative as a primary guardian. Table 2.4 shows the distribution of persons with whom the children lived.

**Table 2.4: Persons with whom the children lived**

<b>Parent/Guardian</b>	<b>Frequency</b>
Mother	8
Father	1
Aunt	6
Grandmother	5
Institution	5
<b>Total</b>	<b>25</b>

Eight of the twenty-five children were living with their mothers.

- *I live with my mother.*
- *I live with my mother and my brothers.*
- *I live with my mother.*
- *My mother roasts and boils maize for a living.*
- *I live with my mother, my sister and brothers.*
- *My mother has a hard time providing for us because she has no money and no job.*
- *I live with my mother and my grandmother.*
- *I live with my mother and my brothers.*

Only one of the forty-five children reported living with the father after the mother died.

- *When my mother died, I was left with my father.*

Six of the twenty-five children who provided information on whom they were living with, were living with their aunts:

- *I stay with my aunt after my grandmother went back to the village.*
- *I live with my aunt.*
- *I live with my aunt.*
- *A few days ago, I went looking for a cream to apply on the rash, but they said I needed to get a thorough check up at IDH. I have not been taken to the IDH because my aunt does not have enough money to take me for that check-up.*
- *My aunt took me in.*

- *Since both my parents died, it is my aunt who takes care of us...*

Five children reported that they were living with their grandmothers. It was surprising to note that none of the children lived with their grandfathers:

- *I live with my grandmother.*
- *I also live with my grandmother.*
- *I have always lived with my grandmother.*
- *I have always grown up around my grandmother.*
- *When mother became ill, my grandmother came and took us away so that we could stay with her and later on when mother passed on we had to live with her.*

In this section, the children refer to the institution as “here.” Five children testified that they lived in the institution.

- *After the funeral, I came back with my big brother and his wife and I lived with them for a while until my aunt came for me and brought me here...*
- *My grandmother used to take care of me before I came here ...*
- *Aunt came one day to my grandmother’s house and she talked to my grandmother into letting us come live with her...*
- *Before I came here, I used to live with my aunt and before that, I lived with my father...*
- *Before I came here, I used to live in upcountry where I stayed with my uncle...*

#### **2.4.1.2.2 Mode of learning about parents’ death**

The reports from the participants on how they learned about their parents’ deaths reveal that children were the last to be informed of the death of their parents. Sometimes they were told about the death and, in two cases, participants learned about the death of their fathers in very traumatic ways. The father of one of the participants was brought to him in a coffin. The other participant learned of his father’s death when the coffin was brought home. Table 2.5 sums up the reports:

**Table 2.5: Mode of learning of parents' death**

<b>Mode of Learning</b>	<b>Number of children</b>
Saw the father in the coffin without prior communication about the death	2
Learned from the uncle	1
Told by the grandmother	1
Grew up and found he did not have parents	1
Witnessed their mothers' death	2
Knew his father was admitted in the hospital	1
Told by the mother	3
Heard people wailing and saw the mother dead	1
Participants were told – did not indicate by who	2
Total	14

Learning of the death of their fathers was a very traumatic experience for two of the participants as they saw the fathers in the coffins without prior communication about the death:

- *My aunt came and told me that we have to leave and come to Nairobi and when I asked her why she refused to tell me. When I insisted, she beat me and forced me to come to Nairobi with her. Then after a while, she told me that we have to travel back upcountry and again I asked why and she still refused to tell me. We travelled back and when we got there my father's coffin was brought to me... My father died when I was six.*
- *I learnt that my father had died when they brought the coffin and a child from the neighbourhood said "they have brought the coffin here because your father is dead..."*

On one occasion the participant learned of the mother's death from the uncle:

- *All I remember is that I was playing one day and that day mum did not come home. Later on, my uncle called me into the house and told me that my mother had died.*

One of the participants found that he did not have parents when he grew up:

- *When I grew up and found out that I did not have parents ...*

One participant learned of the death of her parents from the grandmother:

- *My grandmother told me of their death once I grew older...*

Two participants witnessed their mothers' death:

- *I saw my mother when she was passing away; she used to be very sick and would have fits...*
- *She died at home while resting on the sofa set.*

Two participants knew their parents had fallen ill and were taken to the hospital where they died:

- *He was taken to hospital and while there, he was told that his leg had to be chopped off; as we were getting ready for him to have the operation, he passed away...*
- *My mother was taken to hospital one day and then I was told that she had died of a stomach-ache...*

Three of the participants were informed by their mothers of the death of their fathers:

- *He died at home in the night, and in the morning, my mother told us that he had died...*
- *I was seven years old when my father died. When he died, relatives and friends came to our house. They were all sad and did not want to talk to each other. I could not understand what was going on. Later on, my mother is the one who told me that my father had died...*
- *Both my mother and father are dead. My father died when I was one year old so I never got to know him well. When I got older, my mother told me that my father had died when I was very young.*

One of the participants learned of the mother's death when he heard people wailing:

- *...The day she died, I woke up as usual, and my aunt rushed us (my sister and I) to go to school. I was going to do my end of term exams. On my way to school, I told my sister to hold the bag for me so that I could rush back home for a short call. Upon returning home, I overheard people wailing and found my mother had died. I just went ahead to school and did my exam...*



Two of the participants did not indicate how they learned of the death of their parents:

- *...When I was 10 years old, my mother also died. I was told to go outside and play...*
- *One evening, I left for my grandmother's house and on returning home, I was informed that my mother had died. I did not know what had happened to my mother and I started crying. Neighbours asked me what was making me cry and I told them my mother was sleeping and that I did not know what had happened to her. They told me to stop crying. They also told me to sit outside for a while.*

#### **2.4.1.2.3 Knowledge of the cause of parents' death**

The majority of the participants seemed not to know the real cause of their parents' death. This was in spite of the fact that the caregivers knew that the parents had died of HIV and AIDS. This information was provided to the researcher when selecting children who could participate in the study. Fifteen of the forty-five children reported having knowledge of the cause of their parents' death.

**Table 2.6: Knowledge of the cause of parents' death**

<b>Knowledge of the cause of parents' death</b>	<b>Number of children</b>
Parents died of AIDS	2
Unaware of cause of death	8
Saw the parents sick before death	5

Eight of the forty-five participants, reported that they were not aware what their parents had died of and one of these eight children said that he had never asked. The following accounts were given:

- *They did not tell me what had killed my father...*
- *I do not know what they died of...*
- *My mother is dead now and I do not know how she died...*
- *...although I did see my father when he was ailing up to the point where he died that much I remember...*
- *I do not have parents... since my parents died nobody has ever told me what happened to my parents and so I have never asked.*

- *I do not know what they died of...*
- *... my father died when I was eight. I do not know what he died of...*
- *My father died ... I do not know what he died of.*

Five of the participants had seen either mother or father very ill:

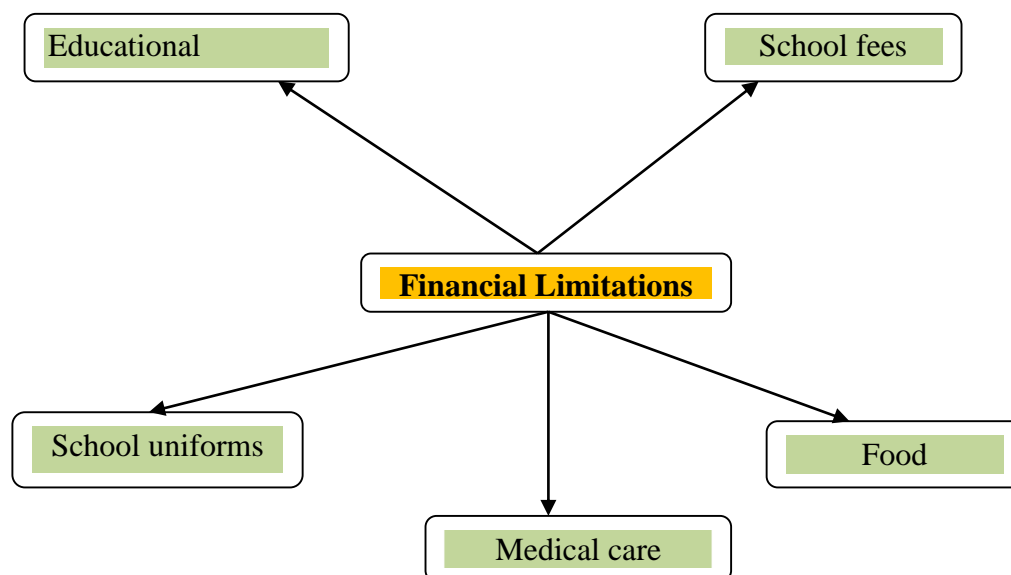
- *I saw my dad when he was sick... He was taken to hospital where he was told that his leg had to be chopped off; as we were getting ready for him to have the operation, he died. ...*
- *I saw my mother when she was sick until she died...*
- *I saw my mother when she was passing away. She used to be very sick and would have fits...*
- *I used to live with my mother when she fell ill and died...*
- *My mother was sick for a long time and my father was shot dead by thugs.*

Two participants said that their parents died of AIDS.

- *My father died of AIDS but my mother is not infected...*
- *My mother died when I was small, and she died of AIDS...*

#### **2.4.1.2.4 Financial Limitations**

Figure 2.10 represents the aspects of financial limitations. Financial limitations were reported by twenty-three children. The participants lacked school fees and educational materials, school uniforms, food and money for medical care.



**Figure 2.10: Financial Limitations**

- *My mother had eleven children and when she died, all of us were left with my grandmother. My older siblings did not have jobs and neither did my grandmother. After staying with her for a while, aunty from this home came over and had a talk with my grandmother, where she promised to get my brothers and me into schools around. When she did get us to school and we started to study, she met again with my grandmother and it was agreed that we move to the home...*
- *At home, I dust the chairs, wash utensils and I also dust the house. Sometimes my grandmother gets sick and we go to look for jobs to get money to buy her medicine. We fetch water or wash cars or arrange someone's house and get paid.*
- *After my father died, things became very tough for us. First, we were sent out of school for lack of school fees. You see, my father used to have a job and he would pay school fees for us, so we never missed out on school; but since he died, my mother had a hard time providing for us because she had no money and no job. We usually and still do survive on our uncle's contribution towards our family (the uncle is the mother's brother). He comes every Saturday to visit us and as he leaves, he gives my mother some money for food. This is the money mother budgets for the use of the week and sometimes she puts a little aside. If the money is not enough, sometimes, my mother would choose not to cook lunch for us so that we can have a meal before we go to bed...*

- *Sometimes I honestly think that if my parents were around, my life would be a lot better and that I would be having some of the things that children out there have. I would not have to watch my sister go out to wash other peoples' clothes so that we have something to eat. I would also not be working at the communal toilet where I have to go and collect money all day so that we get something to eat.*
- *This aunt mistreats me and does not feed me well as I only eat porridge in the evening before taking my medication. The only other meal I get is at school... Sometimes, when my grandmother visits, she gives me some money which I use to buy something to eat while at school.*
- *My mother used to pay for everything in the house, food and everything. My aunt has no job hence we do not have many things. Our brothers do not support us, and sometimes we sleep hungry.*
- *Sometimes we sleep hungry when my grandmother has no money for food. She also lacks school fees at times and we are sent home from school. Right now, I do not have uniform or stationery for school... I am chased away from school because I do not have these things... I also wash people's houses and arrange their furniture to get some money. I do this on Saturdays or on Sundays. I am normally paid Kshs 100.*
- *I feel sad because other children have nice things and books and I feel that if my mother were alive, she would have bought me all those things.*
- *Sometimes if my grandmother has not found some work to do, we sleep hungry. At times, neighbours give us food. My grandmother is unable to pay school fees for us and we are sent home from school. We did not do our exams because of lack of fees. We just stay at home. I feel sad when others go to school and I just stay at home. If my mother and father were alive, I would be having all those nice things...*
- *Sometimes, I do not have shoes or uniform to go to school. When I was sent home from school... The shoes I was wearing last year no longer fit me...*
- *Sometimes I sleep hungry when my aunt is unable to get money for food. I miss my mother very much...*
- *Sometimes we sleep hungry and in the morning, we drink tea without sugar and then go to school. I feel sad since it is my father who used to provide for us. I miss my father especially when I am going to sleep.*

- *Sometimes we do not eat anything in the evening or in the morning and we go to school hungry. We are unable to enjoy ourselves at home...*
- *On coming back to Nairobi, our elder brothers refused to buy us books when we opened school citing lack of money yet they have enough. When we called them, they used to disconnect our calls thinking that my aunt was calling to ask them for money to spend on herself; yet, she was asking for money to support us...*
- *My aunt pays my school fees, buys me clothes and takes me to the hospital; no one else comes to help or visit me...*
- *My mother lost her job and she has no money to buy us food. Sometimes we sleep hungry and in the morning, we drink tea without sugar and then go to school...*
- *Food is the biggest problem, especially since I am taking drugs. Sometimes, there is no food and I stay hungry until evening, and sometimes we do not even get dinner. I used to get food from school but now that I have finished school, I do not get food during lunch...*
- *Sometimes I sleep hungry, yet I have to take medication. Sometimes when my grandmother visits, she gives me some money which I use to buy something to eat while at school...*
- *My aunt has no job hence we do not have many things. Our brothers do not support us, and sometimes we sleep hungry.*
- *We eat Sukumawiki<sup>37</sup> all the time, and when my mother has no money for food, we sleep hungry. In the morning, we do not drink tea...*
- *I do not go to school since I do not have uniform, shoes, pen, a geometry set, socks and books. Others go to school and I am left at home...*
- *If my mother is sick and thus unable to roast or boil maize, we sleep hungry. If my father was alive, we would not be having such problems. He would take me to a better hospital. Sometimes, I do not have shoes or uniform to go to school... The shoes I was wearing last year no longer fit me...*
- *When your parents are alive, especially mothers, they can tell when you want something really bad. For example, every year schools give a one day break to children*

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<sup>37</sup> This is a type of green leafy vegetable that is grown in Kenya and is commonly eaten in most households.

*to go for the Nairobi Agricultural Show. Around here, every other child who does not come from this home attends this annual festival and at the end of the day they come back and tell you how much fun they had. In my case, when I ask to be taken to the show all I get is a no, with no explanation or that there is no money and the best I can do is listen to the stories of my friends who attend the show.*

#### **2.4.1.2.5 Physical issues**

Physical issues were related to health problems and physical abuse. Health problems were reported by one child. In the category of physical abuse, the reports from two participants indicate that they were double orphans and they were physically abused by their close relatives; one by her aunt and the other by the uncle and, according to the child, the uncle never beat his own children.

- *... I get malaria and colds frequently. I sometimes miss school for two weeks.*
- *My aunt makes me carry a big jerry can of water yet she knows I have chest problems.*
- *I am told that I was born with the disease. Last year, a doctor was brought in the school and I was tested and found to be positive. They started me off with Septrin and I am now on ARVs. I have suffered from TB and have been treated. I did not see my parents since they died when I was very young... Most children are unaware about my status hence do not victimise me. I am on Septrin, multivitamins, and the 3-in-1 ARV.*

*The health problems that I experience include an ear problem. I am unable to hear clearly, though I have been taken to hospital and have been given medication. Last week, I was having headaches. The first ARV I was given in June 2010 made me get a rash, but I went back to the hospital and the drug was changed. I am now on the second line of ARVs. A few days ago, I went looking for a cream to apply on the rash, but they said I needed to get a thorough check up at IDH (Infectious Disease Hospital).*

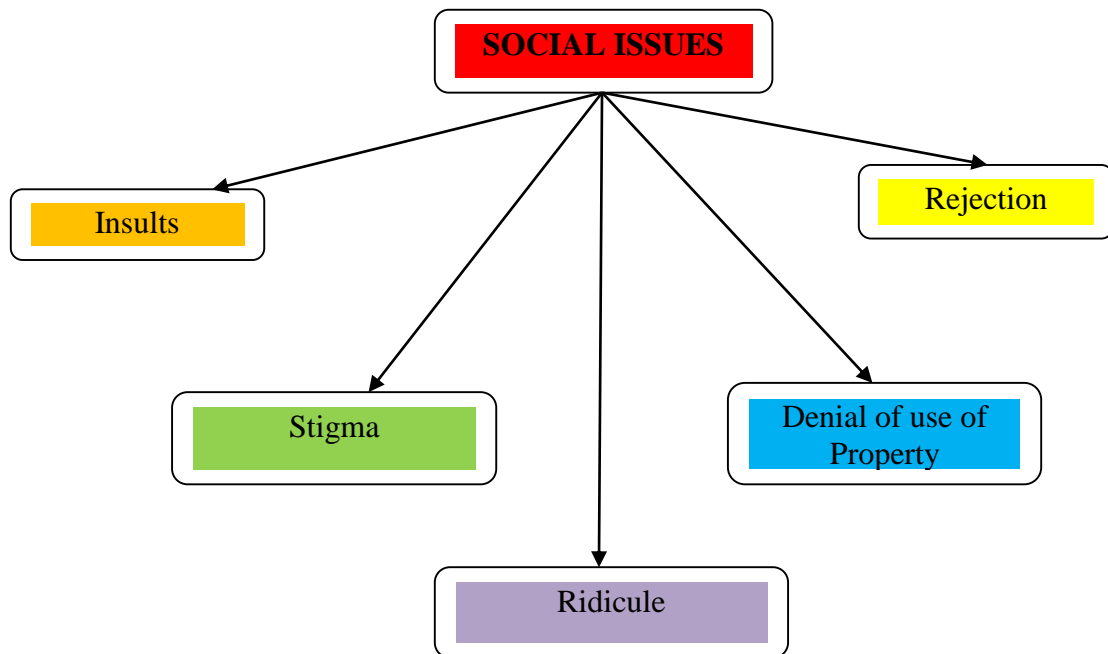
The following statements reveal how the children were treated by some of their relatives:

- *When I insisted, she beat me and forced me to come to Nairobi with her. Then after a while, she told me that we have to travel back upcountry and again... Later on, we moved to a new place where we stayed for a while until my aunt started abusing me. She used to beat me up when I came from school... Both of my parents are dead...*

- *I do not have parents and my uncle used to beat me and never used to beat his own children.*

#### 2.4.1.2.6 Social issues

Social issues were illustrated through statements that show stigmatisation, insults, denial of use of property, ridicule and rejection. Eight of the forty-five children who participated in this study reported that they experienced social challenges.



**Figure 2.11: Social issues**

Two participants were insulted and the insults were directed at their poverty:

- *I live with my mother and my father died when I was eight... My mother sells groundnuts to pay fees for us, pay for the rent and buy us school uniform and shoes. Our house is so small, and some of the neighbours insult us saying our house is the size*

*of a latrine. Sometimes, we go to watch television at my aunt's house who insults my mother saying our house is self-contained; it has a toilet and a bathroom, sitting room and a bedroom yet we go to watch television in her house. This is not true since our house is so tiny.*

- *Some children say we do not have things in our house because we are poor. They say I do not have a father or a mother and that my uniform is torn. They say everything I have is torn including my shoes.*

Another child is ridiculed when he goes to school without a school uniform:

- *My mother died. I live with my aunt. I want my aunt to get a job so that we can live a good life. When I go to school without uniform, the other children laugh at me. I feel very bad when they laugh at me. Sometimes, my aunt has no money to buy food; thus, we sleep without food. We however get food in school.*

Three participants were denied the use of their friends' belongings: two children were denied riding their friends' bicycles and the other one the use of the toilets.

- *My father died when I was six... When we ask for the key to the latrine from the neighbours, they deny us the key asking us whether we are the ones who built the latrine. We therefore have to go for a short call in a tin can and then pour out the urine at night in the trenches. We cannot pour it out during the day since the neighbours say that we are pouring AIDS in the trenches. My father died of AIDS but my mother is not infected.*
- *I like playing football with my friend called [ ]. Some children say we do not have a father or a mother and that we stay with our grandmother and sleep hungry. They also say that we are as thin as 'Miraa (khat)' stalks. There is another boy called [ ] who refuses to give us his bicycle to ride.*
- *I do not have parents... There is this one time when I was really hurt by another boy; this boy had a bicycle and was riding around the neighbourhood when I asked him if he could give me his bike, he told me that my parents should buy me one, just the way his parents did. That really hurt and made me very angry.*



The other participant was stigmatised because of being HIV and AIDS positive:

- *My father died... My friends do not visit me at my house since they say I will infect them. I never told them that I am sick so I do not know how they learnt of my sickness.*

One child reported being rejected by other children because she could not walk or play:

- *I do not have friends since they avoid me because I am unable to walk or play...*

#### **2.4.1.2.7 Home visitation experiences**

Of the forty-five children who participated in the focus group discussions, eleven reported that the members of the church came to comfort the family when their parents died. Four participants clearly stated that the people from the church did not talk to them.

- *People from the church came but did not talk to me.*
- *After the funeral, I came back with my big brother and his wife and I lived with them for a while... I did not have an opportunity to see my mother before she was buried. What happened was that everybody came home after my mother passed away; we even had pastors from the church that came. As they were conducting the sermons they would just talk to everyone and not specific people; they just addressed the family as a whole. Since we buried her, I have never gone to visit her grave.*
- *The people from the church did come to visit when mother died, but they spent most of the time talking to my grandmother. They still come to visit with my grandmother from time to time...*
- *When my mother passed on, the people from the church came home and sang and prayed for us and after they left the body was taken up country. They just talked to my aunties but nobody talked to me...*

It was surprising to find out from one participant that the church visited them only on the day the mother died and the other reported that the people from the church did not visit them:

- *People from the church came and prayed for us only the day my mother died but they did not talk to me.*
- *Even the people from the church did not come to help out...*

One child reported that when the mother died the people from church took the mother away. After the burial, they brought clothes for the child but the child sometimes had no food and slept hungry:

- *My aunt was crying, and then people from the church came and took my mother away... After the burial, the people from the church came home and brought me clothes. Sometimes I sleep hungry...*

In some other cases, the members of the church visited the family but there is no indication that they provided grief care to children:

- *My grandmother, my father's relatives and some people from the church helped in burial preparations and they encouraged and prayed with us.*
- *Sometimes, the church people pay a visit to our home and pray for us and when they are able to, they bring some food with them...*
- *My grandmother used to take care of me before I came here. [ ] church was also helping out...*
- *When he passed on, the people from the church visited to comfort the family.*

#### **2.4.1.3 Type of orphanhood**

Table 2.7 presents the children's status with regard to parents as derived from the transcribed and translated texts of the eight focus group discussions with the children. After coding the circumstances of bereavement, the researcher also realised that some codes did not fit into the "bereavement experiences family code". However, they were needed for determining the status of the children after the parents died. Therefore, a third family code, the "type of orphanhood family code", was created. As stated previously in this chapter, children's status regarding parents fell into three categories, as indicated in the table.

**Table 2.7: Type of orphanhood**

<b>Type of orphanhood</b>	<b>Number of children</b>
Double orphans	18
Maternal orphans	14
Paternal orphans	6

The information on the type of orphanhood was provided by thirty-eight participants who reported that they had lost one or both parents. Eighteen of them were double orphans; maternal orphans made up fourteen of the participants; and six were paternal orphans, as shown by the following statements which begin with maternal orphans, followed by paternal orphans and, finally, double orphans.

Fourteen children reported that they had lost their mother through death:

- *I come from a family of eight and I am the seventh born in our family. My mother died in the year 2005. Before she died, my grandmother came to live with us because my mother was very sick and she could not take care of us. So grandmother came to live with us as she looked after my mother. My grandmother did not stay for too long before my mother died...*
- *My mother passed away before I came here...*
- *My mother is dead now and I do not know how she died. All I remember is that I was playing one day and that day mum did not come home...*
- *My mother died when I was very young so I just moved to my grandmother's house just next to this school... My mother had eleven children and when she died, all of us were left with my grandmother...*
- *It was hard when my mum died and I was left with my siblings...*
- *When mother became ill, my grandmother came and took us away so that we could stay with her and later on when mother died, we had to live with her.*
- *I saw my mother when she was passing away.*
- *When my mother died, the people from the church came home and sang and prayed for us, and after they left the body was taken up country...*
- *My mother died when I was small, and she died of AIDS. I am told that I was born with the disease...*
- *I feel very bad when I hear I have no mother.*
- *When my mother died, I was left with my father...*
- *I am in class two. My mother died. My dad helps me by cooking food for me.*
- *My mother died... I want my aunt to get a job so that we can live a good life.*
- *One evening, I left for my grandmother's house and on returning home, I was informed that my mother had died...*

The following statements indicate that six of the children were paternal orphans:

- *I live with my mother; my father died when I was eight...*
- *I live with my mother and my father is dead. My mother usually goes to my uncle's place to ask for money which she uses to buy soap in Industrial Area and then sell it. My father died when I was six...*
- *My father died. I live with my mother...*
- *My father died in 2006. I do not know what he died of. My mother roasts and boils maize for a living...*
- *I live with my mother and my grandmother. My father died...*
- *I was seven years old when my father died... My mother is the one who told me that my father had died...*

Eighteen children reported that they were double orphans:

- *Both my parents have died...*
- *My mother died before I came to this school; I used to live with my aunt and before that, I lived with my father who has since died.*
- *I cannot remember how old I was when I came here. Before I came here, I used to live upcountry where I lived with my uncle. This was because both my father and mother had died...*
- *I do not have parents - I have always grown up around my grandmother since my parents have died...*
- *When I grew up and found out that I did not have parents...*
- *I used to live with my mother when she fell ill and died... My father died just before I was born so after I was born, I had no father.*
- *Both my mother and father died when I was about two years old...*
- *I live with my aunt. My father died when I was born and my mother died last year...*
- *Both my mother and father are dead. My father died when I was one year old so I never got to know him well. When I got older, my mother told me that my father had died when I was very young. When I was 10 years old, my mother also died.*
- *I did not see my parents since they died when I was young...*

- *...This was because both my father and mother passed on. I was too young to remember when they passed on...*
- *I live with my grandmother. My mother and father died when I was small...*
- *I also live with my grandmother as both my parents are dead...*
- *If my mother and father were alive, I would be having all those nice things...*
- *Both my mother and father are dead.*
- *They did not tell me what had killed my father. However, I remember seeing my mother's coffin although I was too young...*
- *I feel sad because I have lost both of my parents...*
- *My mother was sick for a long time and my father was shot dead by thugs.*

#### **2.4.1.3.1 Concluding remarks regarding type of orphanhood**

The status the children were left in, as can be seen in Table 2.7, fall in three categories. Almost half of the thirty-eight participants who reported who had died in the family had lost both parents. There were more double orphans than maternal or paternal orphans.

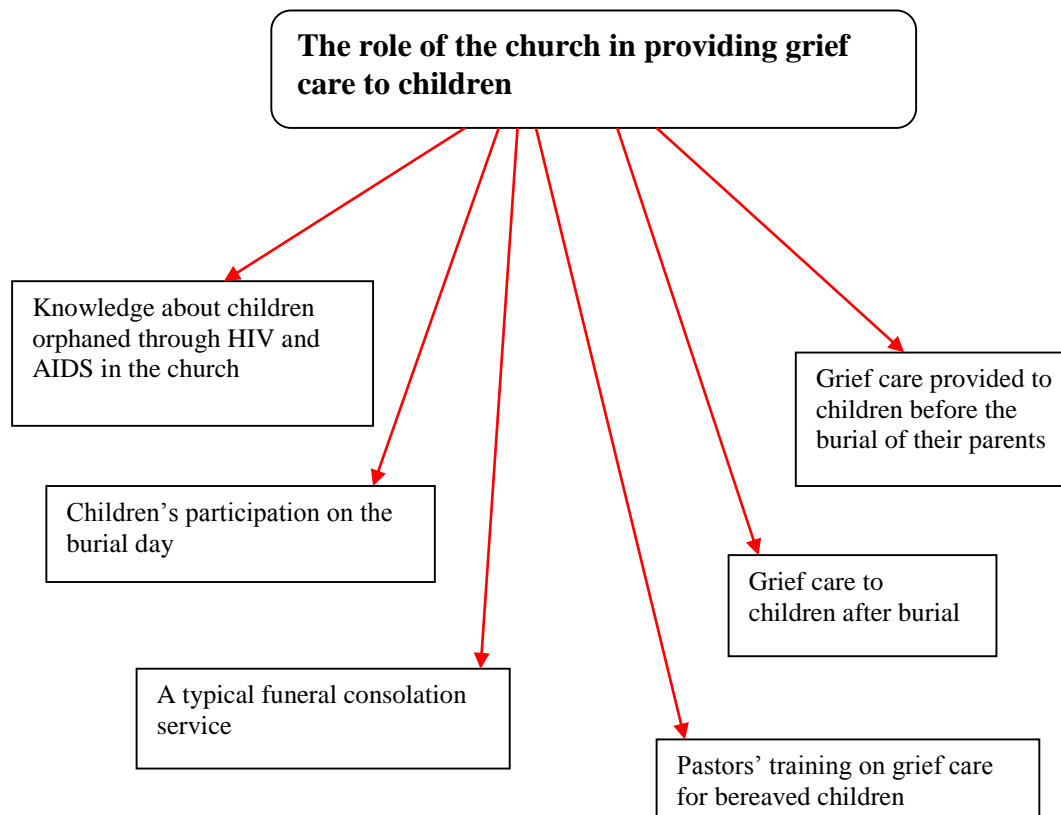
#### **2.4.1.4 Concluding remarks on the presentation of the analysis of data from children**

Three code families emerged after the transcribed and translated texts of the eight focus group discussions were loaded onto the ATLAS ti. (2004) software programme. The first was named grief experiences and contained codes that describe the emotional, behavioural, cognitive, spiritual and physical experiences of grief, the most commonly expressed being the emotional experiences. Some of the participants expressed more than one emotional experience and sometimes emotions were experienced together with other experiences of grief. The other code family was named bereavement circumstances. Bereavement circumstances comprised issues surrounding the death of parents which tended to complicate children's grieving situations. The final code family was type of orphanhood. The codes in this family provided information on the status the children were left in. Almost half of the children were double orphans, and this type of parentless status was very challenging for the children, as financial or health care needs were rarely met.

The next section focuses on the presentation of the analysis of data obtained from pastors that provided information on the role of the church in providing grief care to children orphaned through HIV and AIDS.

### 2.4.2 Presentation of analysis of data from pastors

Figure 2.12 reflects the features of the role of the church in providing grief care to children orphaned through HIV and AIDS as derived from the transcribed texts of the four interviews with the pastors. The texts were loaded onto the ATLAS ti. (2004) software programme and the procedure that was employed for analysing the children's data was used to carry out the analysis of data from the pastors as well.<sup>38</sup>



**Figure 2.12: The role of the church in providing grief care to children**

#### 2.4.2.1 The role of the church in providing grief care to children

This code family consists of codes that reflect the various activities of the church before and after the burial of the deceased members and the church's awareness of orphans in its

<sup>38</sup> For the purpose of this study, the pastors were representatives of the local churches that were identified for the study. The researcher chose to interview the pastors as the researcher thought the pastors would be in a good position to provide in-depth information on how their congregation, as well as the pastoral team, provides grief care to children orphaned through HIV and AIDS.

congregations. One code also captured the level of education of the pastors in the area of grief care for orphaned children. Included also in the code family is the knowledge about children in the church who have been orphaned through HIV and AIDS; grief care provided by the church to orphans during the period of bereavement; children's participation on the burial day; grief care given to children after burial; a typical funeral consolation service; and pastors' training in grief care for children. These aspects are discussed in the order set out above.

#### ***2.4.2.1.1 Knowledge about children in the church who are orphaned through HIV and AIDS***

Most of the pastors seemed to be unaware of children who had been orphaned through HIV and AIDS in their congregation, although one of them did claim that there were children orphaned by this means in his congregation.

One participant was not sure whether the congregation included children orphaned through HIV and AIDS.

- *I am not sure if I have information about any children orphaned by HIV and AIDS but the ones I see who come here seem to have at least one parent if not both...*

Another participant indicated that the congregation does not have children orphaned through HIV and AIDS, despite the fact that the church shared a compound with a primary school in which many of the children had been orphaned through HIV and AIDS:

- *The church does not have orphans but the school has many children orphaned by HIV and AIDS up to class eight. The school once called me to pray for the KCPE candidates, and the children had been told to bring their parents along. As I prayed, I noticed many children crying and when I inquired what had made them sad, some said that their aunties had not shown up for the prayers and hence they were sad. I called them aside and prayed for them and it is then that I realised that there are many children in the school who are orphaned.*

The other participant was not aware of children orphaned through HIV and AIDS in the congregation. However, he remembered that a father had once died and the church went to visit the family but the church members did not get to know the cause of death:

- *I have not come across any child who has been orphaned by HIV and AIDS... there might have been some but none has been brought to my knowledge. There is one member of this church who we visited yesterday; a girl whom we visited at home. We actually did not know her well because we have never shared much, but after we shared, she was able to invite us to her home for a visitation and during this time, the mother shared that she was a widow. She did not tell us the cause of his passing away but that is because we did not ask. They have just moved to this area, so they are still new to us.*

One of the four participants said there were children orphaned through HIV and AIDS in their church and another said there were orphans in their church:

- *In this church, we have children orphaned by HIV and AIDS. There is a group called [ ] which meets here in the church and which takes care of orphans and widows affected by HIV and AIDS. The leaders of the group are from this church but the members come from different churches. They help the widows start small businesses and they have started a micro-finance [company]. Friends and well-wishers donate foodstuffs and clothes to the widows and orphans. There is also another group that meets here called the [ ] which is also not under this church. This group gathers vulnerable children, trains them and gives them food. I am not aware of how much further they extend their assistance, that is, I could not tell whether they take care of these children's educational needs.*
- *When you remove the aspect of HIV and AIDS, we do have more children who have lost a parent or two but mostly one parent. I know of several families who have lost a father and a couple more that have lost a mother.*

#### **2.4.2.1.2 Grief care provided to children before burial of their parents**

Eighteen statements are linked to grief care provided to children by the church before burial of their parents. Below, eleven statements from pastors show that their church does not pay attention to children during the bereavement period:



- *I have not heard of many cases where the children are visited during bereavement since I got here.*
- *The church in itself has not started a group that takes care of the children orphaned by HIV and AIDS, and it is a challenge that we are aware of. We have bereavement meetings, though, where we pray and fellowship with families which have lost their loved ones. It is difficult to reach out to children who have lost their parents.*
- *During that time of mourning and grieving, the children are normally left out because people deal with mature people and forget the children.*
- *I admit that we are not doing well in ministering to orphaned children especially those who are 10 years and below. During mourning, we concentrate on the spouse of the deceased or the elder children and the little ones are ignored.*
- *The church does not really concentrate on children during bereavement. We do not put much thought into it; we think that the children will eventually understand as they grow up and will cope.*
- *During the bereavement period, we usually go and pray for the family as a church and ask our members to be with them during that period of mourning. We might have a few members of the church and even the pastors assist them in the process of arranging for the funeral up to the point of burying their loved ones. However, we do not pay attention to children; in fact, we do not remember them.*
- *The other family was the family of [ ]; they lost their father [ ] through a car accident somewhere in [ ] where he drove off the road and into a forest and since there was nobody to help him, by morning, he had passed on. That time, Pastor [ ] was the pastor in charge and we just consoled with the family. The eldest child had just completed form four, another child was to sit the form four exams and there was the last born who was in class four aged nine years. I did not give care to any of the children; neither the lastborn nor the firstborn.*
- *Actually, the other day we had a girl who lost her grandfather. She came and informed us about it thus we asked all the teachers to contribute some money. We went with eight Sunday school teachers to their home and we sat together with the family, prayed with them, read the Scriptures and to me that was a way of consoling the child.*

- *I agree that the church is badly off in respect to grieving with children who have been orphaned, whether by HIV and AIDS or any other cause.*
- *We know the idea of taking care of the orphans is a good one because once the parents die, the children remain in problems. However, we as a church have not started an initiative of taking care of them. In case God Himself suggests that we take up those cases, we will sit down as a committee and vice-chair and see how to go about it.*
- *Most of the times, orphans are not ministered to on that particular day of the funeral. One will find that sometimes even during the funeral, some children are not there because they have been shipped off to live with their relatives. It is therefore hard at times to track the orphans for follow up.*

One participant mentioned that children are not taken care of because of the dilemma of not knowing what to tell them and the congregation seems to think that children are not affected since they are seen playing outside:

- *Honestly, I have not been able to speak to the children or touch on issues of the children while preparing my sermons. I can mention two families, there is one where the child was attending Sunday school here and the mother was living with the grandmother; the mother passed on. We went there and the biggest question was what to tell the children. We mistakenly think that they are really not affected; I mean they are out there playing.*

The following response clearly states that children are handled the same way as adults during the period of mourning and grieving:

- *I do not think there is much of a difference in the way the church handles children during bereavement. The way I minister to adults is the same way I would minister to the children. If I read the word of God, the children know that we are quoting the word of God and He speaks to children just the same way he speaks to adults. We do not really concentrate on the children but when they are in a family gathering setting, I would use the same words.*

Three participants reported that they provided grief care to children:

- *I remember a funeral service that I held, where a mother of two young children had died of AIDS. The father of the two had died earlier. The Chief and the elders were present at the funeral. I picked a bucket and placed it in front of the mourners. Then I brought the two children to where I was preaching from. I told one to stand on my side, held the youngest that was about one and a half years old in my arms and I told the congregation “Look here. She does not have a father, and we are now going to bury her mother. How do you feel where you are and what can you do for the two here?” I then helped the children hold the bucket on both sides. Right there and then, the congregation rose and contributed what they had to the children. I did the same in another funeral.*
- *... That has only happened to me once when a girl lost her grandfather. I consoled her outside this church. We went to Mamba Village (a recreational centre) and she stayed with me for most of the morning and to me that was my way of showing her love; by the time we returned from Mamba Village, her spirit was up and we visited their home later on in the evening. We have not been able to follow up on her because we assume the girl is alright.*
- *I decided to talk to the children and found out that nobody had explained to them what had happened; yet their father was being buried the following day. No one had taken time to listen to them and to make them understand what was happening. I counselled the children for the time that I ministered there.*

#### **2.4.2.1.3 Children’s participation on the burial day**

Seven responses are associated with children’s participation during the burial ceremony. Two responses indicate that culture dictates whether children should participate in the ceremony. Two statements reveal that children are allowed to throw soil in the grave; as an acknowledgement that the person is dead and buried, one response indicates that children sometimes are not present at the burial, and the last two statements show that children sometimes are too young to be included in the programme.

It is interesting to note that two participants said that culture plays a significant role in deciding whether or not children should participate in the burial ceremony:

- *Whether we include children in the burial depends on the tradition of the person being buried because traditions vary.*
- *Most children are normally excluded from participating in the funeral. However, I have noticed that during funerals, children from the Western region are normally allowed to view the body of their parents as opposed to those that come from the Central region of Kenya. The culture in the Western region allows children to view their dead parent's body.*

Sometimes children are allowed to throw soil in the grave. One participant said it is to help the children acknowledge that the deceased person is dead and buried:

- *Now when it comes to the actual burial itself, the only other place we recognize the children is when we ask them to be given a little bit of soil to spread over the coffin after it has been lowered into the grave. We do this so that the children know that they have really buried their parents.*
- *What I usually do is I call out all the children of the deceased and I have them lined out in front of everyone else then I ask that they be given the soil. Then after that I ask them all to throw the soil in. Sometimes, some of them are weak and I would ask that they be helped to do this.*

In other instances children do not attend the ceremonies; they could be in their relatives' homes:

- *Most of the time, orphans are not ministered to on the burial day. One will find that sometimes even during the funeral ceremonies, some children are not there because they have been shipped off to live with their relatives. It is therefore hard at times to track the orphans for follow-up.*

Sometimes children are too young to be involved in the funeral ceremony:

- *Currently, I live with a boy orphaned by HIV and AIDS and he refused to view his mother's body. This could be because he had not received enough support to get him to want to view his mother's body. We did not involve the boy in the funeral programme because he was too young.*
- *When my sister passed on in June, my own young children wanted to view the deceased body and back when I lost my grandfather in Mombasa, my children had to be picked*

*up to see their grandfather in the coffin. It was really funny later on watching my youngest daughter demonstrate with gestures how grandpa had lay in his coffin...*

#### **2.4.2.1.4 Grief care to children after burial**

Nine statements are related to grief care for children after the burial of their dead parents. One of the four participants indicated that he had provided grief care to children after burial. One participant understood that, after burial, it was necessary to visit the bereaved family, but he admitted that he had never offered grief care after burial:

- *There is no instance that I have been able to follow up on a family after the funeral because I think that after the burial, the family will be fine. Though I remember Dr [ ] who taught me pastoral care said that even after the burial, we should visit with the family because that is when the grieving moment is very severe. However, I personally have not followed up on any case.*

Participants reported that grief care is not provided to children after their parents' burial, as follows:

- *Most people in the slums are not really concerned about the orphans. There are many organizations that come up purporting to take care of the orphans but they do not do it very well. This is because once parents die, the orphans are scattered amongst relatives making it hard to follow them up.*
- *However, after the burial we do not do the necessary follow-up.*
- *Most of the time, orphans are not ministered to on that particular day of the funeral. One will find that sometimes even during the funeral, some children are not there because they have been shipped off to live with their relatives. It is therefore hard at times to track the orphans for follow-up.*

The next statement clearly shows that children are not followed up after their parents' burial, although they may participate during funerals:

- *I however normally insist on children's participation during funerals, and some speak and even give accounts of their deceased parents. However, after the burial we do not do the necessary follow-up.*

Another participant noted that he provided grief care once after a child lost the father:

- *That has only happened to me once when the girl lost her father. I consoled her outside this church and when we went to Mamba Village, she was still with me. She sat with me for most of the morning and to me that was my way of showing her love. By the time we returned from Mamba Village, her spirit was up and we visited their home later on in the evening. We have not been able to follow up on her because we assume the girl is alright.*

One participant had followed up the child but stated that she was not certain whether they were doing it properly:

- *For instance, I am following up a teenager who has lost his mother. I follow up a child by calling him/her, asking how he/she is doing and we just share. I am not certain whether we do it properly or exactly as it should be done or whether we are involved in it fully. I once went to minister in [ ] where a member of our church had passed on leaving behind little children. Everyone was concerned with his wife and most forgot the children... I have not maintained the follow-up on these children since once I moved from that area; I assumed someone else would continue with the follow-up. I must confess that we are not doing the proper follow-up for the orphaned children.*
- *We have bereavement meetings where we pray and fellowship with families which have lost their loved ones. It is difficult to reach out to children who have lost their parents, and most of the times, it is done through individual effort.*

#### **2.4.2.1.5 A typical funeral consolation service**

The following extract provides some information on how a funeral consolation service is conducted during the bereavement period. It is an example of a funeral service held at a home, but minor variations could occur depending on where the service is held. Sometimes it can be held in venues such as hotels, school compounds or places where the church meets to pray. The following is a quotation from one of the pastors providing details of how it is conducted:

*When we get into the house, we have a short programme where we open up with a word of prayer then we open the floor for church members to share with the family a word of*

*encouragement, probably a verse. Then we have the pastor who stands up to give a short sermon, and after that, we end with the Grace. Sometimes the family offers us tea; we usually do this for about two sessions before the family finally lays the body to rest. I can only remember one instance whereby we did it for a whole week because that family had opened its doors to us for the week.*

#### **2.4.2.1.6 Pastors' training in grief care to bereaved children**

Two participants reported that some seminaries do not prepare pastors for grief care to children specifically, and one of them affirmed that theological schools need to teach pastors how to minister grief care to children:

- *But I think that during our training as pastors, we are not taught how to deal with children during the bereavement period. We are taught about how to do pastoral care with adults and I cannot remember even once when we were taught on how to deal with children. During my seven years of training, four years at [ ] and three years at [ ], I cannot remember even a single lecture on how to handle children in this kind of a situation.*
- *I think that grief care to children should be taught in theological schools as it has come out as a very important issue that seems to be neglected. I went to [ ] and there was nothing about grief care to children. Even during my bachelors' degree in [ ] and my masters' study in [ ] there was nothing taught on that topic.*

#### **2.4.2.1.7 Concluding remarks on the presentation of the analysis of data from pastors**

The transcribed texts of the four interviews with the pastors indicated that the church does have children orphaned by HIV and AIDS. However, the majority of the children are rarely provided with grief care when they lose their parents. This failure is attributed to the fact children are rarely present when adults are grieving and mourning. Furthermore, seminaries rarely prepare pastors on how to provide grief care to children. Two participants therefore strongly suggested that seminaries should equip pastors regarding how to handle bereaved children, as it emerged that grief care to children orphaned through HIV and AIDS seems to be neglected by the church.

## 2.5 Conclusion

A research methodology is imperative in an empirical study since it provides a guideline for how the research is to be conducted. Choosing the right software for use in analysing the data is necessary. For the purpose of this research the ATLAS ti. (2004) software programme was selected. It helped in analysing transcribed and translated data from the focus group discussions and interviews.

The empirical research indicated that children orphaned through HIV and AIDS do experience grief and the aspects of their grief could be categorised as emotional, cognitive, behavioural, spiritual and physical. Emotional aspects were reported by all the participants and often in association with other experiences of grief. Children orphaned through HIV and AIDS did not only experience grief but were also faced with challenges associated with bereavement circumstances, as well as the parentless status they were left in when their parents died. These two features made children's grief complicated. Although children orphaned through HIV and AIDS experience grief and related issues, it has been established that children are rarely provided with grief care before and after their parents' burial. On some rare occasions, children are allowed to confirm that their deceased relative is truly dead, for instance when they are given some soil to throw into the grave.

It is interesting to note that some seminaries do not prepare pastors to provide grief care for children. Two participants strongly suggested that seminaries should equip pastors for ministering to bereaved children, as it is clear that grief care to children seems to be neglected by the church. Various theoretical perspectives were explored to gain understanding of grieving children orphaned through the HIV and AIDS situation; these are discussed in the next chapter.



## CHAPTER 3

### PERSPECTIVES ON CHILDHOOD EXPERIENCES OF GRIEF

#### 3.1 Introduction

This chapter focuses on perspectives on childhood experiences of grief. The aim of the chapter is to engage with other theoretical disciplines to broaden the understanding of children's grief with a special emphasis on children between six and twelve years who have been orphaned through HIV and AIDS. This will facilitate understanding and an ability to identify issues that are related to children's grief. The chapter therefore provides theories on children's development and various perspectives on grief. Childhood grief and development are interdependent, the death of a parent affects children's development and children's development in turn affects how they grieve. This is because human development may influence the ability to process grief and therefore the child's stage of development is a significant factor that needs to be taken into account during the grieving and mourning process.

The chapter also focuses on the interpretive task of practical theology as proposed by Osmer (2008:4). Osmer argues that theological interpretation is the "ability to draw on theories of the arts and sciences to understand and respond to particular episodes, situations, or contexts". However, Osmer warns that theories are fallible and should be understood within their context. Thus, wise judgement is crucial and this, in Osmer's opinion,

...is the capacity to interpret episodes, situations, and contexts in three interrelated ways: (1) recognition of the relevant particulars of specific events and circumstances; (2) discernment of the moral ends at stake; (3) determination of the most effective means to achieve these ends in light of the constraints and possibilities of a particular time and place. (2008:84)

Osmer argues that a communicative model of rationality should be employed in judging theories. This denotes first offering arguments for particular sets of claims, secondly,

“forming communicating and good reasons for one’s claims always are grounded in particular perspective” and thirdly, that theories are viewed as fallible (2008:103). One of the significant features about rational communication is that it requires wise judgement. Wise judgement in the present research involves identifying and drawing on theories of the arts and sciences, for example religion, sociology and psychology, to better understand and explain the situation of children’s grief.

The chapter therefore consists of two sections. The first section explores some theories on child development. The researcher is aware that various authors (Mwamwenda, 1995; Kiminyo, 2007; Kabiru & Njenga, 2007) who have written on the subject of African children’s development build their work on developmental theories. However, Louw (2008:167) argues that the human person in Africa is better understood from the perspective of a dynamic approach. The concept of personhood refers much more to dynamic life forces than to the “Western psychological categories.” This is because personhood within an African context is linked to kinship, the extended family, clan and tribe (Louw, 2008:168). Thus, to understand African children requires an understanding of the communities within which they are born and raised.

Mbiti (1969:108) points out that, in traditional African life, one cannot take the individualistic perspective to understand an individual but must take the community perspective, as African people live within communities. African communities practice African traditional religion and this religion, according to Mbiti (1969:1), permeate all departments of life so fully that it is not easy or possible to isolate it. The implication here is that African community solidarity and African spirituality affect children’s development and grief. Therefore, African communal solidarity and its effect on children’s development, as well as African spirituality and its influence on children’s development, will be examined to gain understanding of the development of African children.

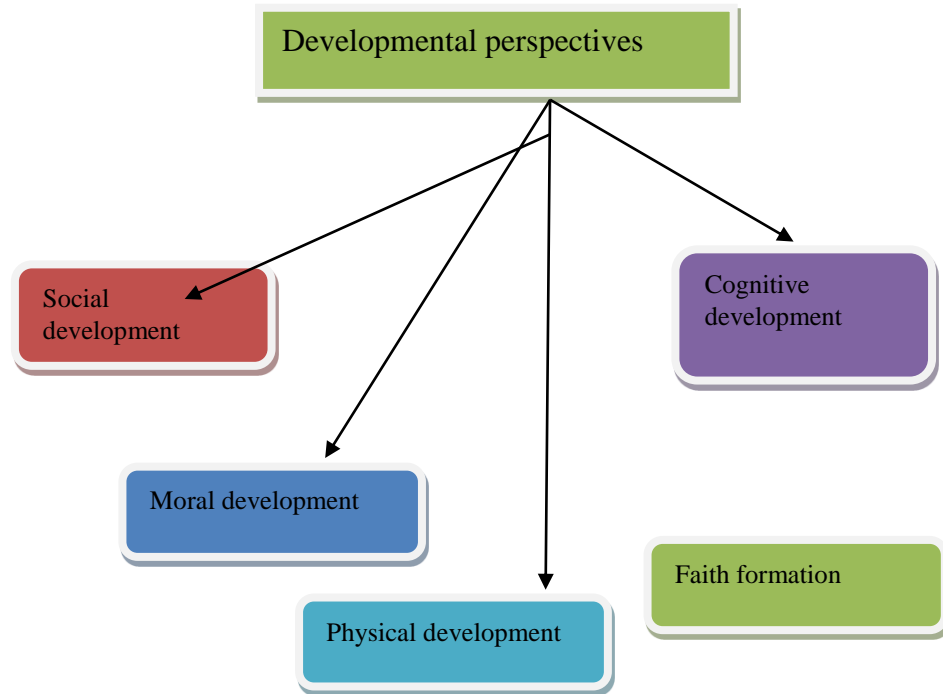
The second section of the chapter presents and attempt to understand children’s grief and hence various grief perspectives are examined. First, grief models are explored. Secondly, African grieving and mourning processes are explored to understand grief within the African context. African people practice various cultures and these cultures affect the

experience of grief. Ndeti (2006:517) affirms that there are cultural variations in responses to bereavement in terms of grief and mourning.

Thus, the third part offers a discussion on a typical bereavement setting in Kenya. During bereavement mourners perform certain rituals and the fourth part goes ahead to explore the significance of funeral rituals. Since not all rituals are meaningful during bereavement, only the most common within the African context are discussed. The fifth part is given to examining pre-burial rituals while the sixth examines post burial rituals. A ritual is only useful if the person performing it understands its meaning and importance. The meaning of a ritual can only be understood if the individual understands the concept of death. Given this understanding, the seventh part looks into children's understanding of death. Finally, the experience of grief among children orphaned through HIV and AIDS is explored.

### **3.2 Children's development**

Human development is the pattern of movement or change that begins at conception and continues through the life span (Santrock, 2002:6). Development usually involves growth, although it also includes decline (as in death and dying). Thus, development is examined from the point in life when it begins until the time it ends and the focus is mainly on social development, cognitive development, moral development, faith formation, and physical development. To understand African children's development, as mentioned earlier, African communal solidarity and its effect on children's development as well as African spirituality and its influence on child development are explored. Developmental theories are discussed first, because they provide a foundation to understanding children development. Following this, the African notion of child's development will be discussed.



**Figure 3.1: Developmental perspectives**

### **3.2.1 Social development**

The social approach to child development relates to the attitudes and skills needed for a child to become a productive member of a society. In order to develop socially, children need to interact with adults and their peers in a socially acceptable manner. Developing good skills is essential for children to be able to eventually form healthy relationships and be able to fit comfortably into various settings. Erik Erikson's (1963) and Albert Bandura's (1977) theories are discussed for the purpose of this research. These theorists have made significant contributions towards the understanding of children's social development. Furthermore, various authors (Mwamwenda, 1995:40, 49, 55; Kabiru & Njenga, 2007:172) writing on the subject of African children's social development also stress the significance of Bandura's and Erikson's theories in understanding the development of African children.

#### **3.2.1.1. Erik Erikson's concept of child social development**

Erik Erikson (1902-1994) was born in Germany and is one of the leading psychologists in children's personality development (Santrock, 2002:29-33). Erikson recognised Freud's

contributions to the knowledge of child development but believed that Freud misjudged some important dimensions of human development. Erikson notes that people develop in psychosocial stages, in contrast to Freud's psychosexual stages. Erikson argues that personality development changes throughout the human lifespan, whereas Freud claimed that people's basic personality is shaped in the first five years of life (1963:64). Erikson's theory delineates eight stages<sup>39</sup> and each stage consists of unique developmental tasks that confront the individual with a crisis that must be faced. Erikson believes that a person has the potential to solve his or her own developmental crises and that competent functioning could be achieved through the resolution of crises that occur throughout the person's life at each developmental stage (1963:247-272).

Erikson (1968:92) is of the view that the sequence of the eight stages is genetically determined, thus he suggested the epigenetic principle. He described the epigenetic principle by saying that:

...anything that grows has a ground plan and that out of this ground plan the parts arise, each part having its time of special ascendancy, until all parts have arisen to form a functioning whole" (Erikson, 1968:92).

He further sees the social setting as the arena in which these challenges unfold. Each challenge has an outcome, either favourable or unfavourable, which affects a person's social and personality development thereafter. A favourable outcome produces positive outlooks and feelings, which make coping with subsequent challenges easier. An unfavourable outcome, in contrast, leaves a person troubled and at a disadvantage in future developmental stages (Erikson, 1963:247-269).

For the purpose of this study, as based on Erikson's categorisation, six to twelve-year-old children belong to the industry versus inferiority stage. The industry versus inferiority stage sets the entrance into school life, whether school is in the field, home or classroom. Erikson (1963:258) notes that, in all cultures, children are given systematic instructions and they

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<sup>39</sup> The psychologist Erik Erikson developed a theory of personality development which consists of eight stages. Before a child is seven years old, he or she has already experienced the developmental crises of trust versus mistrust, autonomy versus shame and doubt, and initiative versus guilt. Industry versus inferiority is experienced by children between six and twelve years old. During the adolescent period, children experience identity versus role confusion. Intimacy versus isolation is experienced during young adulthood, and generativity versus stagnation during middle adulthood. The last stage is integrity versus despair, which is experienced during late adulthood.

learn with other older children. They begin to direct their energy towards mastering knowledge, intellectual and social skills that are valued by their societies. Children also learn other skills that are necessary for adult life, such as making things, and using tools and weapons that are used by adults. Hence, children who attain the industry versus inferiority stage feel competent and this is of great importance because children who feel socially competent are happier than those who do not. However, if a child does not attain this stage, the child develops inferiority, and he or she might lose interest in social relationships and interactions. According to Erikson (1963:258), such a child is likely to experience feelings of low self-esteem.

Erikson (1963:258) argues that the industry versus inferiority stage is a most decisive stage socially, since industry involves doing things besides and with others. But, children orphaned through HIV and AIDS face challenges in building relationships and interacting with their peers and other people due to stigma, rejection and discrimination (Chapter 2). Moreover, the empirical results of the present research revealed that children orphaned by HIV and AIDS rarely socialised with their peers and friends as they had little or no time to play with them. These children were expected to perform household chores and sometimes had to work to earn money to support the family (Chapter 2).

Furthermore, children who were HIV and AIDS-positive typically did not have the same energy levels as their peers and therefore could not participate in the same variety of activities or perform at the same level of expertise. Cook and Oltjenbruns (1998:217) argue that children with life-threatening illnesses are often restricted from going to school for part, if not all, of the course of their illness. Separation from the school environment removes them from a typical pattern of interaction with their peers and also makes it more difficult to learn and master skills that are essential to developing a sense of industry.

Understanding Erikson's theory is absolutely essential for pastoral care because it helps the church to understand what children go through, in order to assist them move forward to the next stage. The goal is positive resolution of the various crises that children would go through. Moreover, the knowledge of various aspects of normal development can provide the church with important insights concerning how to provide grief care, and thus

create a helping environment that is complementary to the needs, interests and capability of the child.

### **3.2.1.2 Albert Bandura's concept of child social development**

Another psychologist who is of importance to the understanding of a child's social development is Albert Bandura. Bandura was born in Mundare, a small town in the province of Alberta, Canada, on December 4<sup>th</sup> 1925. It was at Stanford University in 1953 that he expounded on the theory of socio learning with emphasis on observational learning.<sup>40</sup> Bandura (1977:16) argues that human beings are not equipped with an inborn range of behaviour except for the elementary reflexes. Therefore, human behaviour is acquired by either direct experience or observation. According to Bandura (1977:16), biological factors play a significant role in the acquisition process. Genetics and hormones affect physical development which, in turn, can influence behavioural potentialities.

However, most human actions are learned through modelling,<sup>41</sup> that is, by observing what other people do (Bandura, 1977:22). This implies that children often do not do what adults tell them to do but rather what they see adults do (Bandura, 1977:42). Bandura (1977:32) rightly believes that children's behaviour is mainly influenced by models such as parents and teachers, but the level and accuracy of children's imitations of what they see and hear is partly influenced by how models respond to their behaviour. As such, interaction between cognitive, behavioural, and environmental determinants plays a role in children's social development (Bandura, 1977:vii).

Social development is governed by four components: attention, retention, reproduction and motivation processes. Bandura (1977:24) argues that people cannot learn much by observation unless they attend to, and perceive accurately, the significant features of the modelled behaviour. Therefore anything that distracts the attention has a negative effect on observation learning. In the same way, the retention of activities that have been modelled is necessary. Imagery and language play a role in retention, in that a person stores what

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<sup>40</sup> [http://en.wikipedia.org/wiki/Albert\\_Bandura](http://en.wikipedia.org/wiki/Albert_Bandura) - 10<sup>th</sup> September, 2012.

<sup>41</sup> Learning through modelling is also referred to as imitation, as people cognitively present the behaviours of others and occasionally adopt the behaviour themselves. Consequently, children acquire their behaviours through imitating significant others.

they see the model doing in the form of verbal description or mental images. These symbolic representations are converted into appropriate behaviour. This indicates that the person should have the capacity to reproduce the behaviour and be motivated to practise the learned behaviour, which leads to improvement and skill advancement (Bandura, 1977:24-28).

The contribution of Bandura's (1977) social development theory is that it demonstrates that behaviours of other people contribute significantly in shaping the development of a child's personality and behaviour (Simons, Kalichman & Santrock, 1994:44). Children, however, are not robots responding mechanically to others in their environment; rather, their responses involve cognition. Therefore the theory does not view people as driven by inner forces nor buffeted by environmental stimuli (Bandura, 1977:11).

Although Bandura's (1977) theory is too restrictive and could apply only to children who are able to go through cognitive development, it is important to pastoral care. The importance is seen in Bandura's interpretation of what happens as a result of observing other people. If Bandura's assumptions are accurate, the church can be a potent force in shaping the behaviour of children because of what the church does. Consequently, when children lose their parents, the way the church behaves towards them can affect their social development. If the church embraces bereaved children with love and compassion, this could help children learn to love and to be compassionate to other people.

### **3.2.2 Cognitive development**

Cognition may be described as a person's knowledge system, which comprises the ability to think, memorise, remember, recall, classify and make decisions. Two of the most highly regarded theorists of cognitive development are the Russian psychologist Lev Semyonovitch Vygotsky and the Swiss biologist Jean Piaget. In recognition of their contribution, various authors have built upon their theories (Mwamwenda, 1995:89-104; Sdorow, 1990; Dacey & Travers, 1996:36-39; Santrock, 1996:231-237; Kabiru & Njenga, 2007: 222-234; May, Posterski, Stonehouse & Cannell, 2005:79-80; Stonehouse, 1998: 73-81). With this in mind, Vygotsky's and Piaget's theories are examined to understand cognitive development.



### **3.2.2.1 Lev Semyonovitch Vygotsky's theory of cognitive development**

Vygotsky (1896-1934) was born in Russia (Santrock, 2002:37). He attended the Institute of Psychology in Moscow where he worked broadly on the theory of cognitive development (Vygotsky, 1978:15). Vygotsky's (1978:85) theory is based on ideas of cognitive development, particularly the relationship between language and thought. He emphasised the roles of historical, cultural, and social factors in cognition and argued that language was the most important symbolic tool provided by society. However, he was interested in how children become encultured. That is, how children learn the values and language of their community.

Vygotsky was also interested in the role of social interaction in cognitive development and argued that development first takes place socially. Thus, he indicated that cognitive development is a life-long process and depends on social interaction. Vygotsky is of the view that higher mental functions develop through social interaction with other people in a child's life, mostly with adults. For him, children, through these interactions, come to learn the habits of their culture, written language and other knowledge through which they attain meaning that affects their understanding of knowledge (1978:25).

Vygotsky (1978:57) states all functions in children's cultural development appear twice: first, on the social level and later on the individual level; consequently, first between people (interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts. It is through the assistance provided by other people in their social environment that children gradually learn to function intellectually on their own as individuals. However, Vygotsky (1978:22) argues that every child has a set innate ability, such as perceptual and memory skills. Through the interaction with adults who are more skilled than the children, these intellectual abilities are developed into more complex higher cognitive functions.

In his research, Vygotsky found that children's speech not only accompanies practical action but also plays a vital role in carrying it out. He argues that children solve practical tasks with the help of their speech, as well as their eyes and hands. Speech also controls the children's own behaviour. According to Vygotsky, the relationship between speech and

action is a dynamic one in the course of children's development. However, children's speech development can be understood in two ways; first, at an early stage speech accompanies a child's action, second, when children are older speech precedes the action (Vygotsky, 1978:25).

Vygotsky's research also revealed that memory in early childhood is one of the central functions upon which all other functions are built. He further states that the memory of older children is not only different from the memory of younger children; it also plays a different role in the older children's cognitive activity. For example, thinking in very young children is determined by memory and for them thinking means to remember (1978:50).

Vygotsky (1978:92-104) also recognises the value of play and argues that children satisfy certain needs in play. Therefore, people should understand the special character of these needs to be able to understand the uniqueness of play as a form of activity. Vygotsky (1978:93) argues that play begins as recollections and re-enactments of real situations. The imaginary situation of any form of play contains rules of behaviour and the rules stem from the imaginary situation. Just as the imaginary situation has to contain rules of behaviour, so every game with rules contains an imaginary situation. Through their imagination, children achieve an elementary mastery of abstract thought which is a critical feature in the development of higher mental functions. Thus, imaginative play is essential to cognitive development.

According to Vygotsky's development of social rules and language skills are acquired through play. He believes that children learn to live within self-imposed rules during their play because play allows the child to practise self-regulation. Play, for Vygotsky, is a means for a child to behave more maturely than at other times. "In play it is as though he were a head taller than himself" (1978:102). According to Vygotsky, play creates a zone of proximal development of children.

The Zone of Proximal Development (ZPD)<sup>42</sup> is a level of development attained when children engage in social behaviour. ZPD refers to the distance between a child's actual developmental level as determined by independent problem solving and the higher level of potential development as determined by problem solving under adult guidance or in collaboration with more capable peers (Vygotsky, 1978:85). According to him, the skills that can be developed through adult guidance or peer collaboration exceed what can be attained alone. Through the assistance provided by others in his or her social environment, the child gradually learns to function intellectually on his or her own and as an individual. Since much of what a child learns comes from the surrounding culture, and much of the child's problem solving is mediated through the help of an adult, it is incorrect to focus on a child in isolation.

Vygotsky's (1978) theory proposes that children's cognitive development is best understood as a product of social interactions. Therefore, the church should assist children to interact with other people. This would focus more specifically on responding to children's social issues. The empirical results (Chapter 2) indicate that the participating children were rejected, ridiculed, stigmatised and discriminated against. Thus, Vygotsky's theory helps the church to appreciate that it is necessary to respond to children's grief, more specifically with regard to social issues. It is interesting to note that, before Vygotsky died of tuberculosis in 1934, he left a wealth of work that is still being explored and will continue to influence the study of psychology and education.

### **3.2.2.2 Jean Piaget's theory of cognitive development**

Piaget (1896-1980) was a biologist and psychologist whose contribution can be of assistance in providing grief care to children. He was a Swiss naturalist who made a landmark contribution to the study of cognitive development (Sdorow, 1990:129). Piaget's theory is based on four stages.<sup>43</sup> Each stage represents a qualitatively different type of

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<sup>42</sup> The Zone of proximal development is the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers (Vygotsky, 1978:86).

<sup>43</sup> The first stage is the *sensorimotor stage*, which lasts from birth to 2 years; the second stage, the *preoperational stage*, from 2 years to 7 years of age. The third stage is the *concrete operational stage* which occurs in children around 7 to 11 years old; and the fourth stage, the *formal operational stage*, begins around 11 years to 15 years of age (Sdorow, 1993:190-192).

thinking (Santrock, 2002:37). Children in stage one cannot think the same as children in stages 2, 3 or 4. Transitions from one stage to another generally follow a sequence. In other words, Piaget is of the view that cognitive development proceeds in stages which differ qualitatively from each other and which unfold in a specific and fixed sequence.

In relation to this research, six - to twelve-year-old children belong to the *concrete operational* stage (Piaget & Inhelder, 1969:96). At this stage, children use mental operations to solve concrete problems. They can think and reason and they are able to question their own thinking and identify misunderstanding. This increases the ability to understand other people's viewpoints and they, consequently, are able to communicate more effectively. This is because children's thoughts are less egocentric and they understand that other people's perceptions, beliefs and feelings might differ from their own. Therefore, they are able to co-operate with others on tasks and they perform tasks at a higher level than they could at the previous stage (Piaget & Inhelder, 1969:96).

During the *concrete operational* stage, children have the ability to comprehend that an amount or matter remains the same despite changes in its outward physical appearance. Suppose a child is shown two similar glasses containing the same amount of water. If the water in one glass is put into a jug and the child then is asked if one of the containers has more water, the child is able to know that the amount of water is the same. At this stage, children can read, write, have the ability to distinguish what is real and what is imaginary and see the relationship between a whole and its parts (Piaget & Inhelder, 1969:96). Increased cognitive abilities facilitate the mastery of language, which then allows children to engage in telling riddles and jokes. Cook and Oltjenbruns (1998:20) rightly believe that some of the jokes have death-related themes.

The understanding of Piaget's theory demonstrates that children at different stages of cognitive development are likely to experience grief in different ways. This is because cognitive development closely relates to children's understanding of the death concept. For example, children in the pre-operational stage have a less mature understanding of death than those in the concrete operational stage (Cook & Oltjenbruns, 1998:202). Apart from

the contribution made by Piaget on cognitive development, Piaget has also contributed to the understanding of how children think about moral issues.

### **3.2.3 Moral development**

Moral development is the process in which children learn to understand the differences between right and wrong. The concept of morality defines terms such as moral judgment that are mostly embedded in the culture (Bukatko & Daehler 1998:418). In this research, the understanding of moral development was based on the theories of moral development and Piaget's (1928) and Kohlberg's (1958) theories were explored, since many authors (Mwamwenda, 1995:149-157; Santrock, 1996:439-44; Stonehouse, 2006:95-125; Kabiru & Njenga, 2007:304) who have written on children's moral development build on these theories. Furthermore these theories are usually taught in institutes of higher learning in Kenya where the research was conducted. Gilligan's theory is also examined, due to the fact that she has criticised Kohlberg's theory and her claim has been supported by some researchers (Santrock, 1996:445)

#### **3.2.3.1 Jean Piaget's theory of moral development**

As might be expected, Piaget examined the moral development of children and tried to explain it from a cognitive perspective. Piaget observed and interviewed children from the ages of four through twelve (Piaget, 1932:13-76). In his early writing, he focused specifically on the moral lives of children, studying the way children play games, in order to learn more about children's beliefs about right and wrong. By watching the children and talking to them, and applying his cognitive theory to their actions, he identified how children conform to rules (Piaget, 1932:13-76).

Piaget (1932:194) states that rules of the game led to the conclusion that children think in two distinct ways about morality, depending on their developmental maturity. Heteronomous morality, occurring from four to seven years of age is the first type of moral development in Piaget's theory (Piaget, 1932:50-67). It is characterised by strict adherence to rules and duties, as well as obedience to authority (Piaget, 1932:195). Children believe set rules are unchangeable and they should be obeyed without question. The second type of moral development is autonomous morality, which occurs when children are about ten

years of age or more (Piaget, 1932:59-65). This stage is characterised by the ability to think about rules critically, and applying them based on goals of mutual respect and cooperation. The intentions and consequences of any act are considered important in determining whether behaviour is good or bad.

### **3.2.3.2 Lawrence Kohlberg's theory of moral development**

Lawrence Kohlberg engaged in work on moral development while he was a postgraduate student at the University of Chicago in 1958.<sup>44</sup> According to Bowman (1998:3), Kohlberg built on Piaget's work and, in the process, sought to refine some of Piaget's work and to develop a clearer perspective. Bowman is of the view that Kohlberg does not depart from Piaget. Kohlberg (1981:147) suggested that the process of moral development was principally concerned with justice, and that it continues throughout the individual's lifetime, a notion that spawned dialogue on the philosophical implications of such research (Santrock, 1996:442). Kohlberg is of the opinion that moral development is influenced by the ability to reason and to see the viewpoints of other people and it develops as children interact with parents, teachers, peers and other members of the community. His main concern is the structure of people's reasoning.

Kohlberg (1981:147) believes that, like other aspects of cognition, moral reasoning capability changes systematically as people develop intellectually. He identifies three major moral levels,<sup>45</sup> each consisting of two stages; thus Kohlberg's theory consists of six stages. From among Kohlberg's six stages of moral development, the focus in this research was on the stages that relate to six- to twelve-year-old children. These stages are the gaining rewards orientation (stage 2) and the gaining approval and avoiding disapproval orientation (stage 3) of Kohlberg's theory. In stage 2, moral thinking is based on rewards and self-

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<sup>44</sup> [http://en.wikipedia.org/wiki/Lawrence\\_Kohlberg](http://en.wikipedia.org/wiki/Lawrence_Kohlberg) - 23<sup>rd</sup> July, 2012.

<sup>45</sup> The three levels of Kohlberg's moral development theory consist of two stages each. The first is the pre-conventional thinking which is made up of the punishment and obedience orientation as well as the instrumental relativist orientation. The second is conventional thinking made up of the "good boy-nice girl" orientation and the law and order orientation, while post-conventional thinking comprises the social-contract and legalistic orientation and the universal-ethical principle (Kohlberg, 1981:147-152).

interest. Children obey when they want to and when it is in their best interest to obey (Kohlberg, 1981:147). In stage 3, Kohlberg (1981:149) argues that children normally adopt their parents' moral standards. The concept of reciprocity rather than exchange is practised, but it is not a strictly an equal exchange. For example, children disallow vengeance because it does not restore relationship. Rather, they recognise forgiveness as more crucial than revenge and their concern is to maintain good relationships with people.

Children's moral development is necessary when they interact with children orphaned through HIV and AIDS because they should be careful how they treat bereaved children. His findings furthermore provide the church with significant insights into how the church can work with children in facilitating their moral and spiritual development. The church could learn to listen to children to discover how they see events and to understand the reasoning they are using. With that understanding, the church could meet children where they are and introduce them to better forms of moral judgement that are within their reach (Stonehouse, 1998:118). Bowman (1998:16) is of the view that moral development cannot be avoided by the church in dealing meaningfully with grieving persons. This is because moral development is vital to wholesome adjustment and therefore should be taken into account in pastoral care to grieving children (Bowman, 1998:16).

Although Kohlberg's theory offers insights in understanding how children think of moral issues, it is not beyond criticism. Bowman (1998:3) argues that Kohlberg's theory does not take the importance of the development of self seriously. However, Bowman's main criticism in Kohlberg's theory is that he was reluctant to take on spiritual development and religious experiences. Bowman argues that it is difficult to imagine that developing a child psychologically would be without certain spiritual influences.

Kohlberg's theory is also criticised and challenged by Gilligan. Gilligan's observations launched her into critical research resulting in a "clearer representation of women's development" and in this research she sets forth distinctive differences in approaching moral development with women (Bowman, 1998:18). Bowman is in agreement with Gilligan that earlier developmental theories ignored female development and, according to

him, that culture has dictated (quite wrongly) that women think like men, act like men and follow male moral development along the same patterns.

### **3.2.3.3 Gilligan's theory of moral development**

Carol Gilligan was born on November 28, 1936, in New York City, USA. After graduating from Swarthmore College in 1958, she went on to do advanced work at Radcliffe University where she obtained her Master's degree in clinical psychology in 1960 and then did her doctorate in social psychology at Harvard University in 1964. It was at Harvard in 1967 that she started working with Erik Erikson and later worked under Kohlberg.<sup>46</sup>

Dacey and Travers (1996:237) argue that Gilligan questioned the accuracy of Kohlberg's theory in relation to women. They further state that Gilligan believed the qualities associated with mature adults are qualities that have traditionally been associated with masculinity rather than femininity. Noting that most women's moral decisions are based on an ethic of caring rather than a morality of justice, Gilligan argued for a different sequence for the moral development of women (Dacey & Travers, 1996:237). However, Gilligan does not argue that female experience, growth, and moral development is necessarily better than the male developmental perspective, only that it is distinctly different in significant respects (Bowman, 1998:18). One aspect which is common to both men and women is that they are concerned about responsibility.

According to Sdorow (1990:174), Gilligan believed that a new interpretation of a woman's moral development was imperative. Gilligan is of the opinion that women's moral reasoning is focused on relieving distress, while men's moral reasoning is focused on upholding the law (Sdorow, 1990:174). Therefore such differences should be recognised by the church when it provides grief care to bereaved children. With awareness of the differences in feeling, thinking, decision making and taking responsible action, the church is better equipped to help bereaved children as they wrestle and struggle to make sense of realities in times of bereavement (Bowman, 1998:19).

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<sup>46</sup><http://www.webster.edu/~woolfm/gilligan.html> - 7th May, 2012.



Piaget's, Kohlberg's and Gilligan's perspectives on moral development offer insights that can be helpful when providing pastoral grief care to bereaved children, particularly those who have lost both of their parents. With no parents to help children towards moral development, one of the concerns of the church would be to teach children to distinguish right from wrong and behave accordingly, which is one of the goals of child rearing.

### **3.2.4 Faith Formation**

Faith is essential and of utmost importance in every area of life. Immink (2003:1) states that it is the source of inspiration; shapes people's lifestyles; and also creates hope and expectation. Faith receives concrete form in human life as it is shaped by the developments people experience; in the crises they face; and in the encounters, relationships and contexts in which people's lives evolve. However, faith is formed through the interaction between God and human beings, as well as among humans (Immink, 2003:1).

This section is devoted mainly to the formation of faith in relationship with God. Theology does not analyse faith as a purely human phenomenon, but views it from the perspective of communion with God. Several scholars have made significant contributions in the area of faith formation (Groome, 1980; Fowler, 1981; Clark, Brubaker & Zuck, 1986; Strommen & Hardel, 2000; Anthony, 2001; Ratcliff, 2004; Semenye, 2007). While Fowler (1981) describes the formation of faith in stages, the other aforementioned writers explain faith formation from a Christian education perspective. For the purpose of this study, faith formation will be explored from both Fowler's (1981) theory and the Christian education perspective.

#### **3.2.4.1 James Fowler's theory of faith formation**

Fowler's approach to faith formation is a structural approach. Fowler examined the process of growth and transformation in faith and identified specific changes in faith as it developed (Fowler 1991:102). His theory is therefore referred to as stages of faith development. Fowler, being informed by the developmental understandings of Erikson in social development, Piaget in cognitive development, and Kohlberg in moral development began research into the development of faith (Anthony, 2001:83). Fowler has argued that all human beings have some form of faith that progresses through a predictable path of

development (Fowler, 1981: xiii). He sees faith as an active and a dynamic process rather than a static product (Fowler, 1981:16). As such, he suggests six different stages of faith development and seeks to explore facets of faith from infancy to adulthood.<sup>47</sup>

From among Fowler's six stages of faith formation, this research focused on the mythic-literal faith which addresses children between six and twelve years of age (Fowler, 1981:132). Fowler (1981:149, 1991:105) maintained that this stage is identified mostly in school-going children. They are able to distinguish fantasy and speculation and are capable of capturing life's meanings in narratives and stories. Through storytelling, they learn about their community's values and beliefs (Fowler, 1981:149). Most of them can think logically and understand the relationship between cause and effect. They understand justice in terms of reciprocity, which might involve the exchange of favours, appropriate rewards for good behaviour and punishment for bad behaviour. Right is whatever is rewarded and wrong is whatever is punished. From this viewpoint, therefore, comes the view of God as one who can punish and reward.

Fowler's theory is a milestone in the understanding of faith formation; however, his theory is not beyond criticism. Anthony (2001:83) argues that Fowler's theory draws heavily from the cognitive development theory of Jean Piaget, the cognitive structure of moral development proposed by Lawrence Kohlberg and the psychosocial developmental theory of Erik Erikson. Groome (1980:66) thus warns Christian religious educators to avoid a naive use of Fowler's work, as well as the social sciences in general. Groome argues that there are dangerous pitfalls in viewing human development as a series of clearly delineated stages. This warning does not indicate that Fowler's work cannot be used, as he argues that Fowler's work can inform Christian educators when they both design and implement religious education practice.

Awareness of faith formation can also inform educational efforts and assist fashioning a response to children of different age levels with whom the church works (Groome,

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<sup>47</sup> The beginning of faith development is what Fowler refers to as pre-stage – the primal or undifferentiated faith from birth to three years. The first actual state is the intuitive-projective faith, followed by mythic-literal faith, synthetic-conventional faith, individuative-reflective faith, conjunctive faith and, the last stage, is the universalising faith (Fowler, 1991:102-114).

1980:66-67). Based on the understanding that Fowler's theory draws heavily on other developmental theories, the current research sought to understand the development of children's faith from a Christian perspective. It is hoped that this perspective will shed more light on the formation of Christian faith.

#### **3.2.4.2 The Christian education perspective on faith formation**

Groome (1980:57), one of the theologians writing particularly from a Christian perspective, argues that Christian faith has three dimensions which find expression in three activities: faith as believing, faith as trusting and faith as doing. While Christian faith is more than belief, there certainly is a dimension of belief to it as it finds embodiment in the lives of people. The element of trust cannot be ignored in an attempt to understand Christian faith. The call to God's Kingdom is an invitation to a relationship of absolute trust (Groome, 1980:61). For this reason, trust is a crucial element in such a relationship. In the activity of faith as doing, Groome (1980:63) argues that, for faith to occur, a response must take place; without the response there is no Christian faith.

Therefore, Christian education ought to support people towards maturing in Christian faith as a lived reality (Groome, 1980:73). This can be achieved through the use of Scripture, as faith formation takes place as people study the word of God and apply it to daily living (Anthony, 2001:13; Groome, 1980:74). Groome (1980:56) notes that the purpose of Christian educational efforts is to promote lived Christian faith. Thus, new members ought to be introduced to the faith and old ones supported in their journey towards mature faith. In this regard, the task of Christian education is to nurture children orphaned through HIV and AIDS in their spiritual growth.

Strommen and Hardel (2000:103) argue that helping children towards the formation of their faith is a joint venture between parents and the church. It is in the home that parents and indeed the whole family ignite faith in the lives of children by making it an affair of the heart. The church helps in making faith a commitment of the mind. Through the church's programme of Christian education, children are helped to understand what they have been taught at home by their parents or guardians (Strommen & Hardel, 2000:104;

Semenye, 2007:67-72). Therefore Christian education includes more than just going to Sunday school or other religious instruction classes.

Strommen and Hardel (2000:123) are of the opinion that a successful Christian education programme needs to accomplish eight essential tasks. The purpose of this research was not to examine all the tasks, but to focus specifically on tasks that can facilitate the development of children's faith. One of tasks in this regard is to help children develop their faith by presenting to them a personal Christ. The objective is to help them deepen their relationship with God in Jesus Christ (Groome, 1980:75). Having a relationship with Jesus Christ involves knowing God personally; faith formation therefore occurs through the knowledge of God. It is interesting to note that children between five and twelve years are more inclined to accept the gospel (Staal, 2005:20). Hence, this period is very crucial for children's faith formation and the church, together with parents, ought to take this period seriously in helping children to develop a close relationship with God through His grace.

Therefore, children should be helped towards faith formation by using a grace-oriented approach in teaching. A grace-oriented approach leads people to depend totally on God, hence trusting in His word. Strommen and Hardel (2000:123) urge parents to encourage their children to read the Bible. The desired outcome of having children read the Bible is that children develop an interest in reading and telling stories from the Bible. To facilitate the formation of children's faith, the stories that are selected should focus on nurturing faith. But to capture the interest of parents in assisting their children in faith formation, the church could use "The Child in Our Hands" model.<sup>48</sup>

Prayer is also an important element to faith formation, thus parents ought to pray with the children. This would involve providing children an opportunity to pray. This would mean that children, particularly those orphaned through HIV and AIDS, can express their feelings to God in prayer. Groome (1980:75) argues that, to foster faith formation in children, it is necessary to deepen their relationship with God in Jesus Christ. This requires particular attention to and education for the activity of prayer, both personal and communal.

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<sup>48</sup> The Child in Our Hands model explains that parents and congregation partner in helping the children to develop in their faith formation and the home is viewed as the primary place for teaching and nurturing the faith (Strommen & Hardel 2000: 21-26).

Zuck and Walvoord (1986:433) argue that children who have never expressed their prayers aloud in a group need special instructions on how to begin and end their prayers. Learning to pray needs careful guidance and nurture for this to become a vital part of Christian life.

Teaching moral responsibility is another crucial task in which parents and the church can partner while helping children towards faith formation. Strommen and Hardel (2000:135) state that there are five moral compasses<sup>49</sup> and each encourages quite contrasting behaviours. Kohlberg, cited by Stonehouse (1998:115), recommends that parents use inductive discipline to facilitate moral development. In this process parents help children to become aware of the consequences of their actions; to discover the impact their actions have on other people; and to take responsibility for those actions. This approach of helping children grow morally is necessary; however, the central aim is to help children adopt morals that are biblically informed.

Christian religious education ought to promote a deep and abiding bond of friendship and good will toward the whole human family, as well as promoting loyalty and commitment, not toward “those like us” only, but towards all God’s people (Groome, 1980:75). Therefore children should be taught to welcome ethnic diversity; to learn how to welcome into their fellowship those who come from other cultures and ethnic groups (Strommen & Hardel, 2000:139). This can help children in building relationships with one another and this enhances a sense of belonging. It is therefore necessary that child’s relational struggles are noted early and that adults provide the support and guidance needed to develop positive relational skills (May *et al.*, 2005:145). Since young children tend to reflect the attitude of their parents, conscious efforts by parents are needed to create the sensitivities that characterise a loving and understanding attitude towards people different from oneself (Strommen & Hardel, 2000:139).

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<sup>49</sup> Moral compasses are orientations to ethical and moral values; they include: Civic Humanist – in this orientation moral judgements are made according to what is regarded as serving the common good of the neighbourhood, town, or the nation at large; Conventionalist - youth in this orientation make moral judgements according to what is generally accepted in the community and what they learn from authority figures such as parents and teachers; Expressivist - in this orientation moral judgements are made according to the satisfaction of certain emotional feelings and psychological needs; Theist - youth of this orientation make moral judgements according to a religious authority, such as Scriptures; Utilitarian – in this orientation, moral judgements are made according to the practical advantages they afford the person.

Developing a service orientation in faith-focused Christian education is also important for the children's faith development, and introducing service should be done early in children's lives. Service-oriented activities assist children to grow spiritually through expressing their faith and love for God in service. The goal is to help them begin to see themselves not as consumers of religion, but as practitioners of faith. Engaging in service not only bonds children with the church and enhances their understanding of mission, but also enhances their sense of worth and significance (Strommen & Hardel, 2000:144). Children should therefore participate in works of service and their participation needs to go beyond simple presence and observation, although these are important. May *et al.* (2005:143) recommend that children must be involved in activities of the church and helped to become responsible participants in the life of the church.

The use of Christian rituals such as bedtime prayers, Holy Communion and baptism is necessary in children's faith formation. Faith formation can only occur in children if they understand the meaning of the rituals. Therefore, the church and, indeed, parents should educate children on the importance and meaning of Christian rituals. Stonehouse (1998:191) points out that the most important ritual in most Christian traditions is the Holy Communion. Grudem (1994:1247) affirms that the Holy Communion is one of the ordinances that Jesus commanded his church to observe as a sign of continuing in fellowship with Him. In this regard, bereaved children can be reminded of God's presence as they grieve and mourn the loss of their parents. What this means is that, when people stigmatise, discriminate against and isolate children due to the association with their parents' death as a result of HIV and AIDS, children will be comforted that God promises to be with them and this would give them hope to move on with their lives.

The interaction of parents and the church is necessary in children's faith formation. Consequently, as earlier mentioned, faith formation does not occur during Sunday school class or any other Christian instruction classes only, but also in the homes. Based on this understanding, children orphaned through HIV and AIDS, particularly the double orphans, could experience challenges to faith formation. Since faith formation is important in the lives of the bereaved children, it is crucial for the church to help children towards the formation of their faith after the death of parents.

Another task of the church is to help children learn how to welcome other children who may not be like them in one way or another. As such, children would be sensitive in the way they treat other children, particularly children orphaned through HIV and AIDS. These children are sometimes stigmatised, discriminated against, rejected and isolated as a result of being associated with their parents' death (Chapter 2, section 2.4.1.2.6).

### **3.2.5 Physical development**

Physical development is the process of improvement in certain physical attributes, such as coordination, control and movement. Mwamwenda (1995:53) states that physical development is normally measured in terms of increase in weight and height because these features are easy to observe and measure. Ndetei (2006:37), citing Obondo *et al.*, state that, during early childhood, physical growth and development are quite rapid, though not as in infancy. In the first two years, most children gain about 9 kg and grow about 38 cm in height. Growth and maturation in infancy for the most part proceed in a definite order, although individual differences exist. The sequence of development is to a great extent due to gradual maturation of cells in the brain. Hence, the brain plays a critical role in physical development. Kabiru and Njenga (2007:211) point out that physical growth rate slows down between two and six years, compared to infancy. The body proportions continue to change and motor skills become more refined. By age five, an average child is 3.5 feet tall and weighs about forty-three pounds and by the end of the sixth year, the head has attained about 90% of adult size (Ndetei, 2006:38).

At the age of six to twelve years, children's physical development on the whole is slow but steady, and growth in weight and height slows down considerably when compared with the rapid pace experienced during early childhood (Mwamwenda, 1995:53). Most children grow approximately one to three inches taller every year and changes in the arms and legs show little muscle development (Papalia, Olds & Feldman, 1999:396). Hands and feet grow much more slowly than arms and legs and the head size grows more in line with the body size (Dacey & Travers, 1996:220). However, factors such as genetic influence, health and nutrition may cause wide fluctuations. In the case of children orphaned through HIV and AIDS, physical development is likely to be affected by health, particularly in children



who are HIV-positive. HIV and AIDS weaken the body's immune system, rendering the body incapable of fighting infections. As the immune system collapses, opportunistic infections such as pneumonia and tuberculosis<sup>50</sup> attack the body, with the result that the child experiences reduction of weight.

Nutrition is another factor that can pose challenges to the physical development of children orphaned through HIV and AIDS. This is because most of the family finances are drained by the time parents die, thus making it very difficult for children to purchase foodstuffs. Lack of food is likely to cause children to be underweight and weak. This argument is supported by findings from a study conducted in Kenya by Macdonald, Sigman, Espinosa and Neumann (1994:404-414)<sup>51</sup> on the impact of temporary food shortage on children and their mothers. The study revealed that children who experienced food shortage showed a decline in weight, activity on the ground and classroom attention.

Children gain control and perfect motor skills that were not mastered during the previous stages. As a result, overall coordination, balance and refinement in physical activities show an increase at this stage of life. This allows them to develop motor skills such as swimming, rope skipping, running, kicking, hitting and bicycle riding (Santrock, 1996:176). However, children orphaned through HIV and AIDS might not have the opportunity to participate in these activities because they are likely to be busy at home performing household chores. Children who are HIV and AIDS-positive might not join their peers as a result of weakness and illnesses resulting from HIV and AIDS. Moreover, the stigma associated with the disease may cause them to isolate themselves or to be isolated by other people.

When children are between six and twelve years of age, fine motor coordination improves and this is reflected in the way they write, colour and draw. Instead of writing big words, they write smaller and even letters, using pencils instead of crayons (Bukatko & Daehler, 1998:167). Some of them can perform sophisticated motor tasks such as using scissors, and in this period children's control over their bodies is better than in early childhood

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<sup>50</sup> O'Donohue (1997:51) argues that a strong relationship has been established between tuberculosis and HIV and AIDS. Tuberculosis complicates the management of HIV infection. It affects the lungs and sometimes the brain. Some of the symptoms and signs may include weight loss and feeling sick and weak.

<sup>51</sup> <http://www.personal.psu.edu/users/s/e/seb302/mcdonald.pdf> - 26th May, 2012.



(Santrock, 1996:175). They can sit still for longer periods, though they derive greater pleasure when involved in active rather than passive activities. Consequently, they are more fatigued when sitting than when running, jumping or riding a bicycle (Papalia *et al.*, 1999:396). What is very clear about the physical development of children between six and twelve years is that other developmental perspectives play a significant role towards physical development. Likewise, physical development is of great importance in other developmental processes in children. Factors such as environment, activities children participate in, nutrition and diseases affect children's physical development. Therefore the church must strive to create an environment that allows physical development of children orphaned through HIV and AIDS.

In conclusion, it is clear that children's development can affect children's experience of grief. This information is necessary in responding to children's grief at various age levels, particularly with children of between six and twelve years. However, since this study focused on African children, it was necessary to explore African children's development. As mentioned earlier in this chapter, the human person in Africa can be understood better within the African culture. Thus, the development of African personhood is much more than the description provided by the western psychological categories (Louw, 2008:167). Gichinga (2007:39), like Louw, rightly believes that the study of African children must place the children within the framework of their cultures, within their particular universe marked by specific forms of thought; a specific emotional climate; specific technological level; and specific language. Based on this understanding, to understand the development of African children, this research examined two perspectives: 1) African communal solidarity and its effect on children's development and 2) African spirituality and its influence on children's development.

### **3.2.6 African communal solidarity and its effect on children's development**

The human person in Africa is seen from the perspective of a dynamic approach and the concept of personality or personhood refers much more to the dynamic life forces than to the psychoanalytic, and Western, psychological categories (Louw, 2008:167). The personality of African people consists of the individual self and the communal self. Gichinga (2007:39) affirms that, while one has a personal self, the individual also has a

communal self which normally overrides the individual self. According to her, the communal self is particularly sensitive to the rules governing behaviour such as respect and group norms. Gichinga further states that the personhood of African people starts right when the child is born. The community plays a significant role in the development of personhood or personality and its people thrive on connectedness and interdependence. Personhood therefore is linked to kinship, the family, clan and the community.

According to Louw (2008:167), personhood within an African context refers rather to a dynamic power and vital energy, which allows one to come into contact with ancestors, God and society. Therefore, children's development in African traditional life can best be understood in terms of community and this involves the community of the people living as well as ancestors. Mbiti argues that:

To be human is to belong to the whole community and to do so involve participating in the beliefs, ceremonies, rituals and festivals of the community. A person cannot detach himself from the religion of his group for to do so is to be severed from his roots, his foundation, his context of security, his kinships and the entire group of those who make him aware of his own existence. To be without one of these who make him aware of his own existence. To be without one of these corporation elements of life is to be out of the whole picture. Therefore, to be without religion amounts to self-excommunication from the entire life of society and Africans do not know how to exist without religion (1969:2).

This implies that children's development in Africa involves children's acquisition of a wide range of behaviours, feelings and thoughts through socialisation in the family and their communities. Socialisation is a process whereby people learn the expected behaviour of their community or social group so that they can function in it. To function in the community, children depend on the community for encouragement and moral support. Mugambi (1989:123) argues that the community plays a major role in the upbringing of the children and this is achieved through the African way of living. Mbiti (1969:108) indicates that African communities traditionally lived in one compound which he refers to as a village. It is within the community that children learn the norms, values, and beliefs of the community. Thus, children learn moral standards as they grow in a particular community.

Moral development is the process in which children learn what their society considers wrong or right. Mbiti (1991:174) affirms that African people have a deep sense of right and wrong and that, in the course of many years, the moral sense has produced the laws, customs, rules and taboos which can be observed in communities. These morals are embedded in the people's system of behaviour and conduct. The morals are guided by African cultures which thrive on values and norms that shape the behaviour of their members. As in the rest of Africa, Kenya has various ethnic groups and each of these groups has its own culture and traditions which serve as guidelines for community members on the expected behaviour (Mukhule, 2008:75). Consequently, the parents start to instil in children the morals of their communities when they are born. Children are taught to obey their parents, to respect elders and to adhere to the behaviour and conduct expected by the family.

Teaching moral behaviour to children was the responsibility of the whole community. However, Mugambi (1989:123) states that, in traditional Africa, grandparents played a significant role in teaching children, which they did through proverbs, riddles, storytelling, wise sayings and plain advice. Children learnt honesty through proverbs and folk stories and were discouraged from engaging in habits considered bad by the community. Consequently, they learnt what is morally good or wrong and this contributed to their moral development, which is closely associated to cognitive development (Kiminyo, 2007:50). This is because children need to be able to reason before they learn what the community expects of them.

Parents also play a major role in socialising children into their physical as well as their spiritual world. In socialising children, parents influence them from a very early age to understand gender roles. The understanding of gender roles is considered important as gender roles concern the behaviours, beliefs and attitudes associated with being male or female in a society. For example, in the Agĩkũyũ community of Kenya, as in other communities of Africa, mothers are responsible for teaching their daughters the domestic duties of a wife in terms of managing and harmonising the affairs of the homestead (Kenyatta, 2004:103).

Likewise, fathers teach the boys various responsibilities that are expected of men, such as providing for their families. For example, if a father is a farmer, he takes the boy along with him to the garden for practical training in farming. He then makes a stick '*muro*' for the boy with which to practise digging while he (the father) does the actual digging with the hoe. By watching his father, the boy learns how to use the *muro* and he ultimately, learns how to dig. The community also has a role in children's social development. Still on the issue of learning from their community, children observe what their community does, for example, during wedding or funeral ceremonies.

Socialisation begins early in children's lives; the child is taught how to speak and this could begin by helping the child to learn all the important names in the family. Kabiru and Njenga (2007:168) state that, at the age of six months, a child is assisted to pronounce words such as *mama*, *dada* and *tata*<sup>52</sup> and this marks language development in children. The language that a child is first introduced to depend on the ethnic group the child belongs to, as each of these groups has a common language spoken by its members. Kiminyo (2007:55) explains that African children develop language skills when they begin to appreciate stories and carry on arguments with other children. Kiminyo further states that children's language development expands when they are sent to deliver messages to their relatives or neighbours. When they are given the message they are asked to repeat the message and this helps language development. Children also learn other languages as they play and interact with other children. Language, therefore, facilitates children's interpersonal relationships besides intellectual development.

The nuclear and extended families and neighbours play a significant role in the six- to twelve-year-old child's intellectual development. This is because the upbringing of African children is perceived to be a joint responsibility that cannot possibly be carried out by parents alone (Mwamwenda, 1995:390). Children are taught the history, not only of the family and clan, but also of the entire ethnic group. They are told parables, stories and

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<sup>52</sup> *Mama* and *dada* are Kiswahili words for mother and sister respectively, and *tata* is the Kikuyu word for aunt.

proverbs from which they learn principles such as honesty, obedience, humility and endurance (Mwamwenda, 1995:390). Children are also given mental exercises through amusing riddles and puzzles which are told in the evenings after meals, or while food is being cooked (Kenyatta, 2004:104). Listening to stories is said to help language acquisition, imagination, thinking and reasoning which children find fascinating (Mwamwenda, 1995:390, 398). Likewise, most African children enjoy playing various games and activities with other children in the evenings which involves thinking. For instance, boys build little model houses and cattle pens while girls weave baskets using grass; make little clay pots; and cook imaginary dishes (Kenyatta, 2004:101). Most of these activities provide children with the opportunity to develop their memory and reasoning capacities.

On the basis of the description of African communal solidarity and its effect on children's development, it is safe to conclude that parents, family members, peers and the community play a role in the development of the African child, but parents play the more significant role in the children's development. Therefore, when parents die before children are well integrated into the community, children face challenges regarding their development. The effect is likely to be experienced by children throughout their adulthood.

### **3.2.7 African spirituality and its influence on child development**

African spirituality is the product of African traditional religion and this implies that African spirituality is developed through practising the African religion. Religion in Africa revolves around the worship of a Supreme Being (Louw, 2008:159). For Mbiti, "traditional religion permeates all the departments of life" and, as such, there is no formal distinction between "the sacred and the secular, between the religious and non-religious, between spiritual and the material areas of life" (Mbiti, 1969:1). In other words, religion permeates every aspect of socio-economic, political, and cultural life of the African people. Thus, knowing the religious and spiritual dimensions of African people is necessary for an understanding of African people (Berinyuu, 1988:19). Consequently, the spiritual dimension should be given serious attention when providing grief care to children orphaned through HIV and AIDS.

African spirituality refers to certain common cultural traits and philosophical paradigms which reflect a general mindset, belief system or life approach among Africans (Louw, 2008:158). Louw (2008:159), citing Skhakhane, maintains that African spirituality consists of an intimate relationship between people and their ancestors, which governs their activity in life and enables them to relate to all other beings in a manner that guarantees harmony and peace. For this reason, for example, among the Akan of Ghana, they first throw a morsel of food on the ground before the elders eat. Furthermore, before they drink water, which is the traditional symbol of welcome to every visitor, they pour some on the floor, thus giving water to the spirits of the ancestors who accompany the living in daily errands (Berinyuu, 1988:8).

Berinyuu (1988:8) argues that ancestors had such a strong influence on most Africans that western anthropologists and theologians wrongly assumed that the African people worshipped their ancestors. Mbiti (1991:45) rightly believes that African peoples do not worship their ancestors, and argues that God uses ancestors and other spiritual beings as agents of blessing and cursing. They are therefore considered to be the medium between God and the human world. The spirits are involved in life events and that is why people, even when they are converted into other religions, continue to mix African spirituality with such religious beliefs (1991:15).

As mentioned earlier, children's primary socialisation is done in the family environment and parents play a significant role in helping their children develop towards African spirituality. Consequently, when children are between six and twelve years old, parents play a significant role in teaching children the beliefs, customs and values which constitute African spirituality. Teaching is done informally through conversations, proverbs and myths, as well as by practice (Mbiti, 1991: 15). It is also done when children participate in activities such as ceremonies, rituals and festivals.

The most commonly practised ritual is the initiation rite of passage (Kenyatta, 2004:133). According to Mbiti (1991:121), most of the children are taken to secluded places where they are given instruction in the beliefs, values and customs of their communities. They are also taught about African traditional religious issues such as the involvement of the

ancestral spirits in people's lives. Teaching is aimed at helping children understand what is expected to be right or wrong within their ethnic community and this provides children with an opportunity to grow in their spiritual and moral development. From the above discussion on African spirituality it is clear that African spirituality influences the wellbeing and the behaviour of African people. Therefore, pastoral care to children orphaned through HIV and AIDS should give consideration to African spirituality.

In conclusion, the discussion on child development, including the notion of African children's development, reveals that child development generally involves social, cognitive, moral, spiritual and physical development. Each of these developmental perspectives plays a significant role in the progression of other developmental perspectives. Of significant note is that cognitive development plays a crucial role in the development of social, moral, physical and spiritual development. However, the African child's development is particularly influenced by African communal solidarity and African spirituality. It has been established from both the developmental theories and the African notion of child development that the children's stage of development affects their grief.

### **3.3 Grief perspectives**

Grief can be described as the emotional reaction to the death of a loved one. Louw (2008:549) indicates that grief is not merely an emotional reaction as a result of the loss of the loved one, "but a result of the quality of the attachment and an evaluation process of the worth of the loved one to the grief-stricken one." Grief therefore is the experience of loss in full awareness that the process cannot be reversed. Hornby (2000:521) affirms that irrevocable loss causes real grief, which is experienced as acute sadness, particularly when somebody dies. According to Herbert (1996:2), grief is a mental wound which heals slowly and leaves scars and can sometimes become complicated.

The term 'complicated grief' is normally used to refer to abnormal grief, neurotic grief or pathological grief (Ndeti, 2006:517). Complicated grief entails a prolonged state of grief and indicates an inability of the person to integrate the death into his or her life. It could manifest in various forms. Ndeti (2006:517) provides various manifestations of complicated grief. He indicates that grief can be delayed, with the period of delay ranging

from weeks to years. Grief could also be chronic when it is prolonged, unending and unchanging and is marked by depression, sadness, withdrawal, prolonged preoccupation with the person who has died, and prolonged unending distress. Louw (2008:560) strongly believes that chronic grief is perpetuated by a lasting process of self-pity and self-reproach. According to the empirical results (Chapter 2) of the present research, children orphaned through HIV and AIDS experienced the aforementioned aspects of chronic grief. Thus, it seems safe to conclude that the children's grief had been prolonged a clear indication that their grief was never responded to. Grief can also be referred to as 'absent grief' when people continue to act as though nothing has happened.

Another type of grief is 'unresolved grief', which is more likely to occur when the relationship between the bereaved and the deceased was very close and dependent, where social support is lacking, where there probably is a history of depression, and sometimes when the bereaved person has suffered substantial financial losses (Stroebe, Stroebe & Hansson, 1993:23). People may also fail to grieve, that is, grief is inhibited, because they deny feelings of grief. Louw (2008: 560) argues that, in this situation, grief is suppressed internally and one cannot express "one's reactions in weeping or one's feelings in frank communication." He emphasises that bereaved people should be encouraged to talk about their grief as this helps recovery from grief. This research revealed that children failed to grieve because they were not provided the opportunity to grieve and mourn (Chapter 2). Worden (1991:65-70) provides reasons why people fail to grieve and argues that failure to grieve could also be due to relational, circumstantial, historical, personality and social factors.

Grief is a confusing and disorienting process that takes time. It is not something we get over but something we go through. Talitwala (2002:10) rightly states that the grief process usually takes one to two years for a person to work through the most intense reactions, depending on whom and what is lost.

### **3.3.1 Understanding grief as a process**

Various authors have written on the process of grief. Some have described it in phases (Parkes, 1972; Spiegel, 1977; Bowlby, 1980; Oates, 1981; Pickle, 1991; Shapiro, 1994;



Cook *et al.*, 1998; Mwit, 1999; Mbogori, 2002; Ndeti, 2006; Talitwala, 2002;). J. William Worden shifts the focus, however, and suggests a model involving four tasks of mourning that a bereaved person has to work on to adapt to the loss (Worden, 1991:10). However, it is important to note that the process of grief is unique to each person, thus people respond to grief in different ways, depending on their personality, culture, religious beliefs and upbringing (Talitwala, 2002:11).

Children orphaned through HIV and AIDS responded to the death of their parents in different ways. This was due to their developmental levels, circumstances of the bereavement, as well as status of being parentless after one or both of their parents died through HIV and AIDS-related illnesses (Chapter 2). Children therefore went through the grief process in unique ways. To be able to understand and explain children's grief, more specifically children orphaned through HIV and AIDS, Spiegel's (1977) and Bowlby's (1980) models of the grief process will be explored. It seems that a majority of the abovementioned authors who have written on the subject of the grief process have built their work on Spiegel's (1977) and Bowlby's (1980) models. These models focus on describing the phases through which bereaved people go. Worden's (1991) model will also be explored. This is because he shifts from describing the grief process in phases to tasks. According to him, a bereaved person has to complete four tasks of mourning in order to be able to cope and adjust to the loss. Therefore this research proceeds from the assumption that the three models would provide relevant insights for understanding and explaining the children orphaned through HIV and AIDS grief.

### **3.3.1.1 Spiegel's (1977) understanding of the grief process**

Spiegel based his research on results derived from several of the scholarly fields that concentrate on grief especially psychoanalysis, psychiatry, psychology, sociology and theology, and he related them to one another (Spiegel, 1977:17). He has argued that psychoanalysis has established fundamental concepts concerning grief that, in one way or another, have influenced all other theories on grief. He notes that, psychoanalysis together with dynamically oriented psychiatry, has described not only detailed individual cases of pathological coping with grief, but has developed forms of therapy as well. Spiegel (1977:18) indicated that much of the psychological contributions have been indirect

contributions by the field of stress research and crisis prevention theory. With regard to sociology he argued that its contribution to grief research was based primarily on mourning rituals. It was believed that human behaviour could be better observed in this way.

With regard to theology, Spiegel (1977:19) noted that theology has made very little specific contribution to the study of grief. He was of the view that, if a theology of grief were to avoid becoming narrowly dogmatic, it could not ignore the individual and the social group experiences when the death of a loved one occurs. Theologians must deal with the ways in which mourners view the loss and take their way of attempting to cope with the loss seriously. Based on the above understanding of Spiegel's approach in the study of grief, it can be concluded safely that his research on the grief process focused on a multidisciplinary approach.

Spiegel (1977) in his research on the grief process concluded that grief occurs in four phases. A brief discussion of these phases is offered below:

1. *Shock* is characterised by psychic breakdown, which is expressed in tears and sobbing. Occasionally, emotions are repressed and this is reflected in statements that the bereaved make such as, "I knew she would die".
2. *Control* is exercised to secure socially appropriate patterns, such as participating in the funeral arrangements. In some instances, the bereaved person becomes so involved in the funeral plans that he or she acts as if the loss had not occurred. The bereaved experience creates tension which could be the consequence of trying to behave normally, as they used to do. They are likely to be passive, feel helpless and consequently be unable to carry out their own decisions.
3. *Regression* is characterised by feelings of helplessness and irritability. The bereaved individual does not want to deal with outside responsibilities and may end up neglecting his or her appearance.
4. *Adaptation* involves adjusting to and coping with the environment. The bereaved person might seem to be coping well, but emotions can be triggered by days and times connected with the deceased person's death, birth or even wedding anniversary (Spiegel, 1977:59-83).

### 3.3.1.2 Bowlby's (1980) understanding of the grief process

Bowlby's (1980:9) observations of how a young child between twelve months and three years respond when removed from the mother to whom he or she is attached and placed with strangers gave rise to his attachment theory. Bowlby's work on grief is based on this theory. This implies that Bowlby relied on childhood experiences to explain bereavement reactions in adulthood. He argues that attachment is central in grief because loss of the security that exists in affectional bonds gives rise to grief-related emotions (Bowlby, 1980:40). He further states that most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships (1980:80). The degree and intensity of grief as an emotional reaction to sorrow is determined not just by attachment but the quality of the attachment involved (Louw, 2008:548).

Bowlby (1980:85) argues that grief involves a succession of phases but the phases are not clear cut, and any one person may oscillate back and forth between any of the phases for a time. Yet an overall sequence can be discerned. The phases are briefly discussed below.

1. *Shock/Numbness* describes the initial reaction to loss, as people find it difficult to process the news of the loss. Sometimes, the bereaved are unable to accept the news of death. They may feel tense and experience intense emotions such as anger.
2. *Yearning-searching* occurs a few hours or a few days after the news of the death. The bereaved person registers the reality of the death and this causes distress which is expressed in tears and sobbing. *Yearning-searching* may be characterised by insomnia, anger and restlessness. Searching tends to be fruitless and involves pain. Failure of this search could lead to frustration and disappointment. The bereaved person might even try to get rid of reminders of the death.
3. *Disorganisation-despair* is characterised by feelings of sadness, depression and difficulty in concentrating. However, for mourning to have a favourable outcome, the bereaved person has to endure the emotions and accept that death is permanent and irreversible and that he or she must adjust.
4. *Reorganisation* has to do with finding a new way through life. The bereaved person starts to accept the loss, tries to incorporate the changes into his or her life and develops skills to cope with the situation.

Spiegel's and Bowlby's models of the grief process reveal that grief involves various phases and it is assumed that each bereaved person moves through the phases. Although they explain grief in phases, Louw (2008:556) explains that the division into the phases does not imply that the process of grief progresses systematically or chronologically. A phase model merely assists in better understanding of the dynamics of the grief process. What is clearly indicated in the models is that grief related emotions are the main features in grief; however, grief can also be manifested in various forms. The chapter presenting the empirical research affirms that grief reactions are manifested in emotions, physical reactions, behaviour, spiritual aspects and cognitions (Chapter 2 section 2.4.1.1).

In their models, Spiegel and Bowlby reveal that children's understanding of the concept of death plays a vital role in the grief process. As such, the phases may not apply to children under six years because these children do not perceive death as final and this influences the way they experience grief (Talitwala, 2002:24). Additionally, children's emotional experiences of grief might not match those described by Spiegel and Bowlby. However, Spiegel's (1977) and Bowlby's (1980) theories on the grief process offer valuable data that can be useful to members of the church as they provide grief care to bereaved people. The phases can help in predicting how a bereaved person may react to loss of a loved one.

### **3.3.1.3 Worden's (1991) four tasks of mourning**

The term mourning indicates the process which occurs after a loss. Worden's (1991:10-17) model suggests that there are four tasks that a bereaved person needs to work through for mourning to be completed. Worden argues that he prefers the 'term tasks for the mourning process', as opposed to phases of mourning. He argues that one of the difficulties with using the phase approach is that people do not pass through phases in *seriatim* and that there is a tendency for people to take phases too literally (Worden, 1991:34). His model focuses on healing and shows that the healing process is a developmental sequence of activities, one building on the other. Yet, it should be remembered that growth is never linear. Bereaved people are likely to cycle and recycle through the tasks, handling them differently at different times and sometimes tackling more than one task at the same time. Worden's four tasks are briefly discussed below.

1. *Accepting the reality of the loss* involves accepting that the person is dead and he or she will never return and re-union is impossible.
2. *To work through the pain of grief*, the bereaved person responds appropriately to the pain of loss in such a way that pain is not denied.
3. *To adjust to an environment in which the deceased is missing*, the bereaved person may take up roles played by the deceased, thus developing new skills.
4. *To emotionally relocate the deceased and move on with life* involves emotionally withdrawing from the deceased and forming new relationships (Worden, 1991:10-17).

Worden (1991:35) notes that intervention from outside can influence the mourning process; therefore the bereaved person can be assisted in order to be able to go through the tasks. In this regard, bereaved children orphaned through HIV and AIDS, including the ones who do not understand the concept of death, can be assisted to complete the tasks of mourning in order to adjust and cope with the loss of their parents.

The above three models described by Spiegel (1977), Bowlby (1980) and Worden (1991) offer significant information on the understanding of the grief process. It is clear from the discussion that Spiegel's and Bowlby's models help to understand bereaved people's grief experiences. Worden's model, on the other hand, focuses on the healing of grief. Given the above understanding of the three models, it can safely be concluded that the three models are relevant to this study. However, Worden's model can be very useful in responding to the situation of grieving children. This is because the model offers a guide on how children can be provided with grief care for them to cope and adjust to the death of their parents. To achieve this task, there is need to appreciate mourning and grieving within the African community and this is the topic for the next discussion.

### **3.3.2 Grieving and mourning in the African community**

Grieving and mourning in Africa falls within communal existence. Ndeti (2006:517) is of the opinion that grieving and mourning are culturally determined. Grief is the internal state of a person after a loss and it is manifested in various forms (Chapter 2, section 2.4.1.1). Mwiti (2003:3) argues that mourning, in contrast, is the external expression of grief. He

further states that mourning entails culturally and socially acceptable coping mechanisms employed to adjust and cope with the loss.

Mourning can be expressed in various ways, for example in weeping and wailing, which are considered natural and good for both male and female (Cook & Oltjenbruns, 1998:108). However, most African men practise what Mbiti (1991:121) refers to as self-control. This is because men in Africa are expected to be strong and crying is regarded as a sign of weakness. African children also do not participate in the wailing and weeping as they are among the last to be informed of death (Oyugi, 2008:3). Sometimes little effort is made to explain to them the nature of the loved one's death and most children, even when a parent or parents die, are unlikely to be told the cause of death (Chapter 2). Jackson (2002:273) notes that this is probably because of the fear of hurting them or because relatives do not know how to communicate the news. As a result, bereaved children do not work through their grief and they are likely to experience psychological problems later in life.

African music also plays a significant role in the mourning process, as it helps in the expression of pain of loss. Music assists the bereaved person to express the deepest human emotions that cannot be expressed through any other form (Mwiti, 2003:13). Berinyuu emphasises the significance of African music and states:

All songs that fall directly under any of these categories are usually accompanied by some strong emotion of one kind or another. Some are even born out of a particular historical circumstance. In such a case, singing the song may not just be entertainment but may recapitulate on historical experiences precipitating strong emotions. If one visits an African house, it may be possible to deduce what may have immediately transpired in the family if one listens to the songs usually sung by the women. (1989:125)

Music is used in all activities of African life, for example during funeral ceremonies, while cultivating the fields, and when herding. African people enjoy playing musical instruments when they sing and dance. There are many kinds of musical instruments but the most common is the drum (Mbiti, 1991:9). Therefore, mourners sing and dance to express their grief during the pre-burial ritual. Bereaved children might hear the music but are rarely involved in funeral ceremonies (Oyugi, 2008:3).

Another way in which mourning can be expressed is through the performance of rituals. Rituals that are related to funerals are “important vehicles for mourning and make the loss concrete” (Mwiti, 2003:15). Although rituals are believed to give the community an opportunity to mourn, children orphaned through HIV and AIDS are not provided with the opportunity to participate in funeral rituals (Chapter 2). This is an indication that the children were denied the opportunity to mourn when their parents died. Mbiti (1991:115) captures the therapeutic dimension of mourning practices and points out that people are able to come to terms with their sorrow and pain when they mourn. Children orphaned through HIV and AIDS need to mourn in order to facilitate recovery from grief.

Mwiti (2003:3) affirms that people who grieve and mourn after the loss of a loved person, tend to cope better with their loss than those who postpone their grief to later years in their lifetime. Ndeti (2006:17) points out that symbolic mourning is encouraged in many African communities, because it is believed to help people cope with bereavement, as mourning has a psychological and social function in coping with or recovering from bereavement. These authors believe that recovery from bereavement is faster in many African communities because of the practical ways of dealing with it, particularly through the performance of funeral rituals which symbolically help individuals to recover. Having examined grieving and mourning within the African setting, attention is shifted to the bereavement situation within the Kenyan setting. It is hoped this will offer insights that could assist in understanding grieving and mourning among children orphaned through HIV and AIDS.

### **3.3.3 A typical bereavement setting in Kenya**

Kenya is a multiethnic state and each ethnic group has its own cultural practices. Therefore, the discussion on the bereavement setting that follows is a description of some funeral practices common among the ethnic groups. A bereavement setting starts with the announcement of death when a member of a family dies. Neighbours learn about the death from the wailing of other family members and relatives. In some communities, the wailing is loud and dramatic. Sometimes people throw themselves on the floor and jump up and down (Gichinga, 2007:160). Since it is unlikely that children would have been informed of the death, these behaviours would confuse them and they would be left to wonder about

the situation. They would be likely to think that something is wrong in the family, because even children who do not think logically do know that crying is a sign of unhappiness.

Other people may learn about death by word of mouth or the media, such as radio or television news. For example, Kameme FM<sup>53</sup> announces funerals and burial ceremonies almost daily (28, 29, 30 and 31 March 2010 at 8 p.m.). This is very helpful, especially for people living in rural areas. In rural areas news is communicated in local languages, thus many community members are able to hear and understand the message. Indeed, people living in the rural areas take an interest in listening to the radio when death announcements are being made. Mobile phones and newspapers also play a vital role in announcing funerals, especially to people who live in different regions of Kenya. Almost every day, newspapers such as the Daily Nation provide information about death and funeral arrangements in the obituary section (Daily Nation, 25<sup>th</sup> October, 2012, pages 59-63). The announcements generally include the name of the deceased and names of the survivors of the deceased, beginning with the nuclear family and close extended family members, and sometimes the venue of the funeral arrangements, date of the burial and place where the deceased will be buried.

When people learn of the death of a loved one, they gather in the deceased's homestead almost every day (Gichinga, 2007: 159). Among the people who gather in the homestead are the church representatives who come to mourn with the bereaved family and to provide them with financial, spiritual and material support, as well as assistance with household chores. The Christian way of expressing condolences is followed if the deceased was a Christian. Thus, the local church which the deceased attended is given the opportunity to conduct the consolation funeral services (Mugambi, 1989:102), which are normally led by the priest, deacon or a member of the local church who is chosen to represent the church (Owuor, 2008:163). There is regular singing and preaching throughout the days of mourning to help mourners to view the situation from an eternal perspective and comforting them (Mugambi, 1989:102).

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<sup>53</sup> This is a radio station in Kenya that broadcasts in the Gikuyu language.



A study conducted by Owuor (2008:163) revealed that Bible readings at burial ceremonies are usually taken from the verses which talk about the love of Christ and his eschatological message. Sermons on death are rarely preached in normal church services; therefore, when preached during funeral ceremonies the message of the gospel helps mourners to consider their own destiny seriously. In this regard, Louw (1998:61) argues that the hope of resurrection comforts believers in mourning (1Thess 4:13-14). It also provides Christians with a sense of meaning which, in turn, guides the way they live.

On the day of the burial and in a situation where the corpse is preserved in the mortuary, people gather there to collect the body. Oyugi (2008:2) observes that, on that day, people are neatly dressed, sometimes in black. In some cases, people, mainly adults, are allowed to view the corpse, which in itself is therapeutic. Seeing the body helps in accepting the reality of death. Turner (2005:30) argues that viewing the body of deceased persons is like saying farewell to them. Therefore viewing the body of the deceased should not be an activity for adults only, but children should also be included. It could resolve some of the questions children might ask later in life concerning the state of their deceased parents' bodies. After viewing the body, mourners wail and cry, but prayers are always a must. According to Mwenga (2008:85), prayers and hymns dominate the funeral programmes.

If the casket is taken to the local church, a funeral service is held. This is modelled along the style of a normal church service except for the presence of the casket, which is kept near the pulpit (Mugambi, 1989:102). Before the sermon is preached, the family is allocated some time for speeches and reading of the eulogy (Oyugi, 2008:2). After the sermon, the family and relatives are invited to the altar for the priest to pray for them. Following this, the casket is taken out. At this point, mourners who could not make it to the mortuary are given a last chance to view the corpse (Oyugi, 2008:1). The part of the body which is seen is the face because most caskets are made with a small clear glass window directly above the face of the deceased. Viewing the body is considered therapeutic, as some mourners may symbolically want to say *kwaheri*<sup>54</sup> to the deceased.

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<sup>54</sup> This is a Swahili word meaning farewell

In cases where the corpse is removed from the mortuary and taken directly to the homestead of the deceased, the casket is kept in full view of the mourners. The coordinator of the ceremony guides the flow of the ceremony. Normally, the first activity is to take photographs of the mourners standing or sitting by the casket. Other activities include a series of speeches and the reading of the eulogy (Oyugi, 2008:2). The burial ceremony is then presided over by the local church (Mugambi, 1989:102) and a service similar to the one conducted in the church is performed.

Following this, the casket is taken to the burial site by the church leaders who place it by the graveside, offer prayers and lower the coffin into the grave (Oyugi, 2008:2). The church leaders sprinkle soil in the grave before the family does the same. The grave is then covered with soil and wreaths are laid around the grave. However, in some communities, the laying of the wreaths is done before the coffin is covered with soil (Oyugi, 2008:2). Where children attend the funeral, they are given the opportunity to lay a wreath or plant flowers on the grave. After the flowers are laid, a final prayer is offered and the funeral is declared over (Oyugi, 2008:2). Since burial ceremonies take almost the whole day, some communities serve food after the burial.

Children are rarely present when the funeral rituals are being performed. They could be in a room, where they are requested to stay or they have chosen to stay, since it is probably the only quiet place away from the large crowd at the homestead (Oyugi, 2008:3, Chapter 2). The bereaved children could also be away at the home of relatives or a neighbour where they may be taken in order to keep them away from the crowd. Moreover, children are likely to be very tired during the burial ceremony because it normally takes almost the whole day. Thus, children are likely to be absent from the central scene (Oyugi, 2008:3).

In light of the above discussion on a typical Kenyan bereavement setting, it is safe to infer that bereaved children rarely participate in funeral rituals. The empirical research (Chapter 2) revealed that children orphaned through HIV and AIDS were rarely provided with the opportunity to perform the funeral rituals. A related question, which introduces us to the next section, can therefore be posed: What is the significance of funeral rituals?

### 3.3.4 The significance of funeral rituals

In defining a ritual, Mbiti (1991:131), in his book, *Introduction to African Religion*, notes that a ritual is a set form of carrying out a religious action or ceremony. “It is a means of communicating something of religious significance, through word, symbol and action.” Therefore a ritual embodies a belief or beliefs. Alluding to Mbiti’s definition of a ritual, Cook and Oltjenbruns (1998:128) assert that a ritual involves specific behaviour or an activity that gives a symbolic expression to certain feelings and thoughts. According to Mbiti (1991:119, 131), there is a wide variety of rituals; some concern the life of an individual from birth to death. Referring to death (funeral rituals) Mbiti states that death is sorrowful and it is also important. “There are, therefore, many complex and even long rituals associated with death.”

In Africa, death as the last phase of the life cycle of a person is recognised as a rite of passage. Death, according to the African culture, does not bring an end to life but life continues in another realm (Mbiti, 1969:4). After physical death, a person continues to be alive in the memory of the people who knew him or her and some African communities believe that dead people<sup>55</sup> bring calamity if they are not treated well during the funeral ceremony (Mugambi, 1989:66). Thus, people are sensitive about how they treat a dead body and what they do during periods of bereavement. African communities strive to ensure that rituals relating to death are performed.

Funeral rituals are culturally determined and observed by family members and community members who are mourning with the bereaved. Muchemwa (2002:31), explaining death and burial among the Shona of Zimbabwe, affirms that rituals associated with death are prevalent in African societies and they are informed by culture, particularly the strong beliefs in ancestor-hood and the after-life. On the importance of funeral rituals, Gichinga (2007:160) maintains that the rituals serve as public acknowledgment that death has occurred. They also provide structures for people to express their feelings at the loss of a member of the community and funeral rituals, to have optimal value, must have meaning for the bereaved family and the mourners (Cook & Oltjenbruns, 1998:128). If the rituals

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<sup>55</sup> In Africa dead people are referred to as ancestors.

are to be effective, though, those present must be actively involved (Jupp & Rogers, 1997:106). Kiriswa (2002:28) underscores that people who participate in rituals regain their emotional balance and heal psychologically, compared to those who do not undergo the rituals. Kiriswa's argument seems to be influenced by a cleansing ritual he attended in his village. He explains that:

...in that village a young man whose mother had committed suicide, suddenly became dumb and appeared mentally deranged. When the matter was investigated, it was revealed that his father blamed him partly for his mother's death due to his disobedience... The blame and the harsh words of his father made the young man believe that he had been cursed by his father. A purification ritual was organised where the father with other village elders openly retracted the father's words perceived as a curse to the young man and prayed for healing. A week later the young man was psychologically and emotionally well again. (Kiriswa, 2002:28)

Bowen (1978:331), a family systems therapist, states that funeral rituals have existed in some form since man became a civilised being. He argues that funeral rituals are crucial and he describes their functions as follows:

I believe it serves a common function of bringing survivors into intimate contact with the dead and with important friends, and it helps survivors and friends to terminate their relationship with the dead and to move forward with life. I think the best function of a funeral is served when it brings relatives and friends into the best possible functional contact with the harsh fact of death and with each other at this time of high emotionality. I believe funerals were probably more effective when people died at home with the family present, and when family and friends made the coffin and did the burial themselves. (Bowen, 1978:331)

Bowen (1978:331) affirms that the entire family including the children, when possible should participate in the funeral rituals. He also argues that the extended family members and friends should participate in funeral rituals. This is because funeral rituals can help bereaved people to cope with the loss. Bowen (1978:331), writing on funeral services, argues that he prefers a public funeral service as opposed to a private funeral service. Private rituals, according to Parkes, Laungani and Young (2003:218), are normally held in many North European societies such Britain, America and Scandinavian countries. Death, to a very large extent, is viewed as a private event and therefore even the funeral

ceremonies are seen as private events, so that only people who are invited to the funeral are expected to attend and offer their condolences.

In Africa, however, funeral ceremonies are community affairs, though they vary from one community to another (Mugambi, 1989:102). The ceremonies as prescribed by the culture or religion sometimes last for days, weeks or months. For example, in some communities in Ghana funerals last for about 40 days (Adomako, 2007:10-20).<sup>56</sup> A study that was conducted among the Luhya of Kenya by Mwenga (2008:85) revealed that funerals also last for about 40 days. Due to time constraints, funerals nowadays do not last as long because some of the mourners have to resume work. Likewise, the period of funeral ceremonies can be dictated by the sex or age of the deceased and the size and importance of a funeral varies according to the person concerned (Mbiti, 1991:121). Among the Bimoba of Togo, for instance, funeral ceremonies last for three days for females and four days for males.<sup>57</sup> Mbiti further states that African children's funeral ceremonies are usually simple and people who attend the ceremony are neighbours, close relatives and friends.

Bowen (1978:331) believes that private funeral ceremonies prevent the friendship system from having an opportunity to terminate their relationship with the dead, and it deprives the family of the supportive relationship of friends. Therefore, when children orphaned through HIV and AIDS are excluded from funeral rituals, their relationship with their parents lingers on. Such children naturally experience preoccupation of mind with their deceased parent (Chapter 2). Bowen (1978:332) seems to be very concerned about children and their exposure to death. Thus, he urges family members when they visit dying people to include children, that is, if the situation permits. He argues that he has never seen a child hurt by exposure to death; what causes children to be hurt is the anxiety of survivors.

Based on the above discussion on the significance of funeral rituals, it can be concluded that the performance of rituals is crucial to the healing process. Cook and Oltjenbruns (1998:128) incidentally argue that therapists often prescribe participation in rituals to help people resolve their grief. To ignore the role of funeral rituals within an African setting

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<sup>56</sup><http://www.ghanaweb.com/GhanaHomePage/features/artikel.php?ID=132543>- 30<sup>th</sup> November, 2009.

<sup>57</sup> <http://www.bimoba.com/html/bimoba.htm>- 30<sup>th</sup> November, 2009.

when death is experienced in the family is to ignore the fundamental aspect of African life and practices. For this reason, the common pre-burial rituals will be explored next. This could facilitate appreciation of how children orphaned through HIV and AIDS grieve and mourn.

### **3.3.5 Some common pre-burial rituals**

Although cultural practices vary among the African ethnic groups, some funeral rituals are commonly observed. In most African communities, when a person is declared dead, the family members are the first to mourn by screaming. Makhule (2008:108) affirms that the first people to mourn by screaming among the Abakhero community of Kenya are close family members. Mbiti (1969:121) notes that the people who observe this activity are mostly women who weep and wail, recalling the good things the deceased said and did. Mourning and wailing is accepted by many African communities and it is a way of coping and dealing with grief, that is, letting out painful emotions such as sadness and anger (Gichinga, 2007:158). When close family members hear about death, they communicate this information to extended family members and once they are informed, they are expected to join the bereaved family during the mourning period. Sometimes the burial is delayed because the bereaved family waits for the close family members to be available.

Death in a family is usually a concern not only for the family, but also for the whole village and clan and this is evident in the way neighbours, friends and relatives behave. They rush to the homestead of the bereaved family and they suspend most of their daily activities and gather almost every day at the home of the deceased to carry out household chores and to provide emotional and spiritual support (Mwiti, 1999:14). In fact, death normally brings to halt normal activities in many communities until the burial day, for people to mourn as a sign of respect to the deceased. Mwiti (1999:14) states that death may bring normal duties to a halt to allow mourning for a few days in some African communities. In Kenya, for instance, when people learn of the death of a loved one, they gather at the homestead of the deceased almost every day and mourners sometimes stay in the homestead until late at night (Gichinga, 2007:159).

The gathering helps the bereaved family to realise that other people share their suffering. This realisation can bring peace and healing to the bereaved family. There is regular singing and praying throughout the days of mourning, helping mourners to view the situation from an eternal perspective and to comfort them (Mugambi, 1989:102). It is during this period that the mourners decide how the corpse is to be disposed of. For many Kenyan communities, the corpse is buried in a grave. Gichinga (2007:160) states that the clan leaders decide where the grave will be dug and the digging of the grave is done before the burial ceremony. Of significant note is that the pre-burial rituals are conducted according to cultural expectations.

### **3.3.6 Some common post-burial rituals**

After the deceased is buried, the communities observe post-burial rituals. Some cultures prescribe that people wash their hands in order to be purified of the uncleanness of death. For instance, among the Batswana, men wash their hands with water treated with traditional medicine immediately after a burial takes place (Amanze, 1998:26). But in Malawi, the washing of hands is for everyone who attends the burial and is intended to get rid of the sand from the grave, as it is believed that witches may lay hold of the sand and use it for evil purposes (Kok, 2005:26).

Another ritual that is commonly practised in Africa after burial is the shaving of hair. Mwenga (2008:42) notes that some communities in Kenya like the Luhya, shave the hair and this ritual is practised by women. Mbiti (1991:121) notes that shaving the hair signifies that death does not destroy life, as the growth of new hair is an indication that life continues to spring up.

In light of the above discussion on grieving and mourning in the African community, a typical Kenyan bereavement setting, significance of funeral rituals, some common pre- and post-burial rituals and it is safe to infer that bereaved children rarely participate in funeral rituals. The empirical research (Chapter 2) revealed that children orphaned through HIV and AIDS were rarely provided the opportunity to participate in pre- and post-burial rituals. These children consequently did not mourn; they retained unresolved grief (Chapter 2). Because of this, children's grief needs to be responded to. In order to respond to children's

grief there is a need to become acquainted with the way they perceive the concept of death. This is because children at different age levels understand the death concept in different ways and this has an effect on their grief. Therefore, it is necessary to explore children's understanding of death.

### **3.3.7 Children's understanding of death**

Being able to communicate and provide grief care to bereaved children is of great importance. Wells (1988:78) claims that one can only do this if the person can 'tune in' to the correct level of each child's understanding of death. According to Talitwala (2002:22), children at different age levels have different perceptions of death. Insight into how children understand the concept of death therefore is important, because it will determine how the church speaks to a child about death or loss. What a person says to a child or how the child is helped would depend on how the child understands death. Children's ability to comprehend the meaning of death varies. Several authors like Shapiro (1994:75), Herbert (1996:22), Cook and Oltjenbruns (1998:205), Talitwala (2002:24), and Dyregrov (2008:15), have examined components relating to children's understanding of death. While many components exist, this research focused on the most common components described by the above-mentioned authors. These components include: irrevocability, temporality, inevitability, and causality.

The first component, *irrevocability*, is the understanding that once a living thing dies, its physical body cannot live again. The component involves recognising the impossibility of changing the biological course of life or of returning the individual to life (Cook & Oltjenbruns, 1998: 206). In other words, the dead cannot come back to life. The empirical results reported in Chapter 2 indicated that children's understanding of the irreversibility of death is well developed by six years of age. Statements such as "*I feel sad because I have lost both my parents, and my father died when I was six...*" clearly show that such children do understand that death is irreversible. Another study that was conducted by Slaughter and Griffiths (2007:525-537) revealed that children understand death as irreversible by five or six years of age.



The second component, *temporality* is a concept that is normally maintained by children between three and five years and they think death can be reversed. Children are likely to think that a dead person is sleeping and can be awakened (Oyugi, 2008:34; Talitwala, 2002:24; O'Connor, 2004:22). They demonstrate this in the way they speak about death – “When is mum coming back?” or “Can we help dad up from the grave?” Cook and Oltjenbruns (1998:205) rightly believe that bereaved adults can also behave in ways that reflect that death is temporary.

The third component, *inevitability*, is the understanding that all people will die one day and it involves the perception that death is universal. Consequently, this component can also be referred to as universality. White, Elsom and Prawat (1978:307-310) conducted a study which investigated children’s perceptions of death from a developmental perspective. They used a sample of 170 children from kindergarten through to fourth grade who were presented with a story of an elderly woman’s death. Each child was asked questions such as “Do you think everybody will die someday?” About 62% of children in the pre-operational stage answered the question incorrectly. They indicated that some people would not die. However, 38% of those in the concrete operational stage answered the question correctly. Consequently, it could be inferred that more children in the concrete operational stage understood the concept of death than those in the pre-operational stage. In another study that was conducted by White *et al.* (1978:307-310) to determine children’s conception of death from a developmental perspective, it was revealed that children between six and twelve years of age understand that death is universal and is inevitable.

The last component, *causality*, refers to factors that can precipitate death, such as cancer, heart attack and car accidents (Cook & Oltjenbruns, 1998:207). The empirical results (Chapter 2) of this study also reveal that sorcery, witchcraft and evil spirits can cause death. This is an indication that children between 6 and 12 years understand the causality of death. However, younger children have difficulty in understanding the causality of death. When they experience death, they often feel guilty and blame themselves. For instance, if a child between the age of three and five years was angry with the parent before the parent died, such a child might think that his or her angry thoughts caused the parent’s death.

With regard to this research, it could be stated that children between six and nine years of age gradually develop an understanding that death is final (Boyd-Franklin, Steiner & Boland, 1995:185) and understand death as permanent and irrevocable (Shapiro, 1994:75; Talitwala, 2002:25; O'Connor, 2004:23; Dyregrov, 2008:19). In a study that was conducted by Lansdown and Benjamin (2006:13-20) to explore the development of the concept of death in children aged five to nine years, it was revealed that children aged eight and nine years understood the concept of death. However, children at this stage do not see death as universal (Himebauch, Arnold & May, 2005:1). Consequently, they do not view death as something that could happen to them (O'Connor, 2004:23). However, some of these children, particularly those between the ages of six and seven, are very vulnerable for they understand death as final, but they have little coping capacity in that their social skills are insufficiently developed to deal with the experience of grief (Worden, 1991:124).

Between nine and twelve years of age, children's understanding of death is closer to that of adults. They understand that death is universal and irrevocable (Himebauch *et al.*, 2005:1). They acknowledge that every living thing dies; consequently, they too, will die one day (O'Connor, 2004:24; Talitwala, 2002:25; Dyregrov, 2008:19). Since their concept of death is concrete, they are able to understand the long-term consequences of death (Section 2.4.1.1.). Children in this category have developed more ego skills than the younger ones; therefore, they can use the ego defence mechanism in response to intense feelings. They might avoid speaking about their grief and behave as if they are less affected by the death of a family member (Section 2.4.1.1.3). Such children are vulnerable and even misunderstood (Shapiro, 1994:105, Section 1.2).

Of significant note is that children's understanding of death can be influenced by factors such as culture, religious beliefs, personal experiences, age, and truthful information that is received from people (Cuddy-Casey & Orvaschel, 1997; Shapiro, 1994:85; Cook & Oltjenbruns, 1998:110; O'Connor, 2002:22; Hunter & Smith, 2008:143-62; Sood, Razdan, Weller & Weller, 2006:115-120, Webb, 1993:14). Indeed, some studies that have been conducted affirm that there are factors that influence children's understanding of death. The study conducted by Mahon Goldberg and Washington (1999:43-590) of children's concept of death and factors that affect its acquisition found that age is the only significant

predictor of children's understanding of death. Hunter and Smith (2008:143-62) investigated the relationship between age, cognitive ability and death experiences and how these factors influence children's understanding of death. Their findings revealed that age, cognitive ability and exposure to death contributed significantly to children's understanding of death.

From the above discussion on children's understanding of death it is clear that children at different age levels hold different perceptions of death. Accordingly, when they lose their parents, the impact of the loss is felt differently and the responses are varied. Therefore, children's response to the death of their parents through HIV was explored. This is presented in the following section.

### **3.3.8 Bereaved children's grief reactions**

The previous section has clearly revealed that various factors influence children's reaction to the death of a loved person and one of the factors is children's development. Children's development occurs gradually with age; as a result, the impact of death is felt differently by children at different age levels. As previously mentioned, this is because children at different age levels have unique perceptions of death (Talitwala, 2002:23).

Several control and non-control studies have been conducted in Africa on children's reactions to loss of parents or a parent and the studies show a wide range of potential reactions to the death of a parent. Sengendo and Nambi (1997) interviewed 169 orphans under the educational sponsorship of World Vision in Rural Uganda and a comparison group of twenty-four non-orphans. On a non-standardised scale, orphans were found to experience more depression than non-orphans.<sup>58</sup> Atwine, Cantor-Graae and Bajunirwe (2005) also used a standardised questionnaire (Beck Youth Inventory) with 115 orphans and 110 matched non-orphaned children. Orphaned children were at a greater risk of anxiety, depression and anger.<sup>59</sup> Cluver and Gardner (2006) studied thirty orphaned

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<sup>58</sup> James Sengendo and Janet Nambi (1997) conducted a study in Uganda on the psychological effect of orphanhood. The study was conducted in Rakai District in Uganda. This study involved 193 children. *Health Transitions Review* 1997, 7 (Supplement):105-124.

<sup>59</sup> Atwine, Cantor-Graae and Bajunirwe conducted a study whose objective was to investigate the psychosocial consequences of AIDS orphanhood in a rural district in Uganda and to identify potential areas for future interventions.

children and thirty non-orphans and used a standardised questionnaire on emotional and behavioural problems. Orphans had marked difficulties with concentration and they reported frequent somatic symptoms, had constant nightmares and experienced Post-Traumatic Stress Disorder.<sup>60</sup> Makame *et al.* (2002) in urban Tanzania used a scale based on the Rand Inventory and items from the Beck Depression inventory and found increased internalising problems and suicidal ideation in 41 orphans as compared to 41 non orphans.<sup>61</sup>

Some non-controlled studies include a study that was conducted by Namposya Nampanya-Serpell (1998), who used structured interviews with families of rural and urban Zambian orphans and found emotional disturbance related to separation from siblings.<sup>62</sup> Another study was conducted by Makaya *et al.* (2002) who used clinical interviews with 354 Congolese orphans and found that depression, anxiety, irritability; hyperactivity and Post-Traumatic Stress Disorder were experienced by the orphaned children.<sup>63</sup> Foster, Makufa, Drew and Kralovec (1997) also conducted a study among orphaned children in rural Zimbabwe and found anxiety, fear, stigmatisation, depression and stress.<sup>64</sup> Kamau (2010) conducted her research in Nairobi City County, Kenya, among HIV positive children and adolescents between six and eighteen years; it revealed that Post-traumatic stress disorder (PTSD) was one of the common anxiety disorders. The study also revealed that children who had been diagnosed HIV-positive were performing two grades lower than expected for their age. Poor health due to illness either resulted in children starting class late or missing several valuable school days.

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<sup>60</sup> Cluver and Gardner (2006) conducted a study which was aimed to investigate mental health outcomes for urban children living in deprived settlements in Cape Town, South Africa. The study had control and non-control groups and the control group consisted of children orphaned by AIDS.

<sup>61</sup> Makame *et al.* investigated the psychological well-being of orphans in Dar-es-Salaam, Tanzania. The population consisted of forty-one orphans whose fathers and or mothers had died from AIDS. The children were living in the poor suburbs of Dar-es-Salaam.

<sup>62</sup> Namposya Nampanya-Serpell (1998) – The study population consisted of children orphaned by AIDS in Zambia. It investigated risk and protective factors in rural and urban communities and was conducted between 1991 and 1995. The orphaned children had lost one or both parents due to AIDS.

<sup>63</sup> Makaya *et al.* (2002) conducted a study with the programme “Caring of AIDS orphans in Brazzaville” which was financed by UNICEF, Congo. Of the 354 children under study, 217 were below fifteen years of age. The study was aimed at assessing the psychological repercussions of AIDS on orphans in Brazzaville.

<sup>64</sup> Foster *et al.*’s (1997) study used focus group discussions and the participants comprised forty orphaned children.

The death of a parent or parents can create great problems for children (Kimani, Cheboswony, Kodero & Misigo, 2009:106-110). Their problems could even be greater when the parent or parents died of HIV and AIDS-related diseases. In some parts of Africa, people might regard children whose parents die of AIDS-related illnesses as cursed and they might not be welcomed into the homes of those who are supposed to care for them. Families that take in the orphans may also treat them differently from their own children (Garland & Blyth, 2005:261, Saoke & Mutemi, 1996:40). The fact that HIV and AIDS is caused by an infectious virus which currently lacks a cure makes people unwilling to associate with the sick person for fear of infection (Muindi *et al.*, 2003:26). Children who are affected and infected are discriminated against, isolated, rejected and stigmatised on the basis of their condition or the association with their parents (Chapter 2). This can be devastating for six- to twelve-year-old children who are expanding their social horizons from the home environment through school and peer activities.

Unlike some life-threatening illnesses such as cancer, HIV and AIDS is likely to be transmitted to children through breast milk or at birth. The infected children will not only witness the progressive mental and physical deterioration of their parents and grieve for them, but will have experienced a traumatic event. Consequently, they could develop post-traumatic stress reactions and end up qualifying as victims of Post-Traumatic Stress Disorder (Cluver & Gardner, 2006;<sup>65</sup> Dyregrov, 2008:26). Post-traumatic reactions include thoughts or memories of how their parents felt while dying. These intrusive materials could produce intense psychological stress. Dyregrov (2008:46) is of the opinion that children who do not get help to work through the traumatic aspects of their parents' death could experience problems in working through their grief. Dyregrov suggests that mental health professionals can be consulted to help children to work through the traumatic circumstances of death and this would help in dealing with PTSD.

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<sup>65</sup> Cluver and Gardner (2006) conducted a study to investigate mental health outcomes for urban children living in deprived settlements in Cape Town, South Africa. The study used control and non-control groups with the control group consisting of children orphaned by AIDS. The study revealed that orphans had marked difficulties with concentration and they reported frequent somatic symptoms, had constant nightmares and experienced Post-Traumatic Stress Disorder. However, the orphans were less likely to display anger through loss of temper.

Bereaved children who understand the causality of death and that HIV and AIDS is infectious may be anxious about their own health and any symptom that is associated with AIDS might create fear in them. The fear reaction arises from within and one who is anxious is likely to be worried, and depressed (Wells, 1988:7). Anxiety can cause the children to experience sleep disturbance, both in falling asleep and through interruptions, thus feel tired in the morning. Turner (2005:29) is of the opinion that difficulty in sleeping is related to increased anxiety and children having more time to think about the incident after going to bed. Furthermore, the feeling of vulnerability to the disease may lead children to be angry with the deceased (Worden, 1991:112). Blame, anger and hatred could also be directed at the parent who is suspected of infecting the other. However, younger children may not experience blame, anger, and hatred because they have difficulty understanding the causality of death (Cook & Oltjenbruns, 1998:207).

Sadness is a very common reaction in children following the death of a parent or parents through HIV and AIDS (Chapter 2, section 2.4.1.1). This is because the child has not lost a loved person only, but one who was also responsible for the daily care, love, financial support, and spiritual nurture. Sadness could appear in different forms; the child may isolate himself or herself, withdraw, cry or become clingy. But some children try to hide their sadness so as not to make the remaining parent or guardians sad. When they cry occasionally, they may claim that they are not crying over the loss, but for some other reason (Turner, 2005:29). The feelings of sadness and longing are felt more severely when viewing other people's happiness, for example, seeing other children with their mother or father when the child no longer has one or both parents.

Children are also likely to experience feelings of loneliness and helplessness. Loneliness is based on relationship; therefore there is always a social context to loneliness. The relationship must exist before it can be broken. It is essential, therefore, to understand the meaning of the relationships that characterise the social being before finding ways to relieve the pain of loneliness when the social ties are disrupted (Jackson, 1980:38). The major problem of loneliness is that it is heavily burdened with feelings of helplessness. This is likely to stem from the fact that there is nothing a bereaved person can do to bring a deceased loved person back to life. Helplessness, according to Louw (2008:65), is an

experience of depression and depression endangers spiritual health. In most African countries, the experience of helplessness could be felt more by infected and affected children through HIV and AIDS due to poverty. Muindi *et al.* (2003:31) argue that, on some occasions, these children go to sleep without having a meal because the majority of Kenyans, particularly those living in the informal settlements, are under extreme poverty.

The brief discussion on bereaved children's grief helps to understand and explain the situation of children orphaned through HIV and AIDS in Nairobi City County, Kenya, in their grief. The loss of a parent through HIV and AIDS causes children, even young ones, to experience a wide range of grief reactions. However, due to children's levels of developmental maturity, their expression of grief differ.

### **3.4 Conclusion**

The aim of this chapter was to engage with theoretical disciplines to broaden the understanding of children in grief. The chapter was organised into two sections; the first section explored some theories on child development - social development as identified by Erikson and Bandura; the stage of the development of faith investigated by Fowler and the Christian education perspective; cognitive development as studied by Vygotsky and Piaget; moral development from the point of view of Piaget, Kohlberg and Gilligan; and the contribution by various authors to the understanding of physical development. It is noted that children's development affects their grief and grief affects their development. It was noted that understanding children's development is essential for pastoral care. The knowledge of various aspects of normal development could provide the church with insight into how to give individual grief support which is complementary to the needs and capability of the child.

The African notion of child development was also explored. African communal solidarity and African spirituality influence the development of African children. The parents, family, extended family, relatives, peers and community play a role in children's development. African cultures therefore influence African children's development. However, the theories on child's development and the African notion of child development indicate that



each developmental perspective plays a key role in the development of the other developmental perspectives.

The second section has dealt with various perspectives pertaining to grief. Spiegel's (1977) and Bowlby's (1980) models of the grief process were presented; it was established that most of the available models are built on Spiegel's and Bowlby's models. These two models show that grief is a process and involves phases through which people go after losing a loved one through death. The models indicate that emotions are the main features in the grief process. Worden (1991) shifted away from the phase model in favour of tasks of mourning; therefore this model was also examined. The tasks identified by him are aimed at helping bereaved people work through the grief process. It has been established that African people have their own ways of working through the grief process and these include prescribed rituals for grieving and mourning when a person dies. Rituals are performed before and after burial and they assist people in working through the grief process and help people to cope and adjust to the loss. The chapter has revealed that, while funeral rituals are performed in many African cultural groups, children seem to be left out, ignored or protected from participating in these rituals; hence they are denied the opportunity to work through their grief.

The chapter has shown that, for the church to provide grief care to bereaved children, knowledge of how children understand the concept of death is vital. This is because children at different age levels understand the death concept in different ways and this affects their grief. Manifestations of grief have been categorised as emotional, behavioural, cognitive, spiritual and physical. For the church to respond to the situation of grieving children in the Nairobi City County, pastoral theological perspectives were explored and these form the discussion in the next chapter.



## CHAPTER 4

### **TOWARDS GRIEF CARE FOR CHILDREN ORPHANED THROUGH HIV AND AIDS WITHIN AN AFRICAN SETTING: A PASTORAL THEOLOGICAL PERSPECTIVE**

#### **4.1 Introduction**

The discussion thus far has focused on situations of grief with reference to children orphaned through HIV and AIDS in Nairobi City County, Kenya. Chapter 3 focused on the practical theological interpretive task as proposed by Osmer (2008:4). For purposes of this research, the interpretive task draws on theories of the arts and sciences, particularly religion, psychology and sociology. Such theories were explored to better understand and explain why certain patterns and dynamics were occurring with reference to grieving children who have been orphaned due to HIV and AIDS. Various developmental and grief theories aimed at responding to the question “Why is this going on?” have thus been presented.

This chapter explores the normative task of practical theological interpretation. It is focused on answering the question associated with the normative task, which is, “What ought to be going on?” in relation to grief experienced by children who find themselves orphaned through HIV and AIDS. Therefore, the present chapter presents a pastoral theological perspective that lays the basis for grief care to children orphaned through HIV and AIDS in Nairobi City County, Kenya.

According to Osmer (2008:132-137), the normative task should be located in the prophetic office, which he describes as prophetic discernment. The term “prophetic discernment” is intended to capture “the interplay of divine disclosure and human shaping as prophetic discernment. The prophetic office is the discernment of God’s Word to the covenant people in a particular time and place.” Prophetic discernment involves both divine disclosure and the human shaping of God’s Word. Discernment can thus be seen as the activity of seeking God’s guidance amid the circumstances, events and decisions of life. This involves listening to the Word and interpreting it in ways that address particular social conditions, events and decisions facing communities. To discern means to sift through and sort out,

much as a prospector must sift out the dross to find nuggets of gold. According to Osmer, to discern also means to weigh the evidence before reaching a decision, as a judge listens to all evidence in a case before reaching a verdict.

Osmer (2008:138), citing Bonhoeffer, states that the first move of discernment is “the admission that, in reality, we don’t know.” Discernment begins when we put aside our self-confidence and certainty about what we ought to do and listen to what God’s Word says. We may see several paths before us, and which one we should take may be unclear. This requires humility and trust on our part. The second move is actively seeking God’s will. Given the above reality about discernment, it is clear that practices of discernment are crucial to providing pastoral grief care to children orphaned through HIV and AIDS. Practitioners of pastoral care should discern how to respond to children’s grief.

There are three approaches that can be used in response to the question “What ought to be going on?” The first approach is the *theological interpretation*. This differs from other traditional disciplines which study the scriptures, such as systematic theology or biblical theology (Osmer, 2008:139). While theological interpretation is informed by systematic theology or biblical theology, theological interpretation “focuses on interpretation of present episodes, situations and contexts with theological concepts.” In light of the above discussion about the first approach of the normative task, this research explores the three fundamental elements in theological anthropology, namely, the notion of human persons being created in the image of God; the function of Christology in theological anthropology; and the function of Pneumatology in theological anthropology.

The elements set out in the preceding paragraph help to understand the nature of human beings and the essential qualities which they possess as creatures of God. The understanding can determine how the church responds to the situation of bereaved children’s grief. Louw is of the opinion that, since pastoral care involves ministering to people, any pastoral care model or strategy should be determined by “our view of who and what a person is.” According to Louw (1998:123), the manner in which practitioners of pastoral care deal with people, as well as the therapy they employ, “depend not only on the basic theological theory, but also on their perspective on the nature of humankind

(anthropology).” Louw comments that very few works in the field of pastoral theology pay attention to anthropology. According to him, a specific anthropological approach is often implied, but no exposition is offered on how this anthropology influences pastoral care and counselling (Louw, 1998:123). However, he clarifies that the fact that pastoral theologians have paid little attention to anthropology in pastoral theology does not mean that they have been unaware of the function of Christian anthropology.

The second approach to the normative task is *ethical interpretation*. According to Osmer (2008:161), ethical interpretation uses ethical principles, rules or guidelines to guide actions toward moral ends. Osmer (2008:149) believes that interpretive guides must develop ethical principles, guidelines, and rules that can guide responses towards moral life because present practices are filled with values and norms that are in conflict. Ethical reflection with universal ethical principles is particularly imperative, for it allows “moral communities to test their present practices and norms against universal ethical principles.” It is therefore important for the interpretive guide to develop ethical principles, guides and rules for the normative task of practical theological interpretation. The discourse within this approach involves figuring out how pastoral grief care ought to be provided to children orphaned through HIV and AIDS within a Kenyan setting. In order to respond to grief in children’s situations in Nairobi City County, Kenya, a hermeneutical approach of pastoral care is to be employed.

The third approach to the normative task of practical theological interpretation focuses on *good practice*. Good practice provides normative guidance in two ways. Firstly, “it offers a model of good practice from the past or present with which to reform a congregation’s present actions.” Secondly, “it can generate new understanding of God, the Christian life and social values beyond those offered by the received tradition” (Osmer, 2008:152). Thus, models of good practice offer congregations (the church) help in imagining how they might do things better or differently. Chapter 2 of this research indicated that children orphaned through HIV and AIDS experience grief and rarely receive grief care from the church as part of the community. The chapter revealed that one of the reasons that contributed to such failure was that pastors lacked knowledge and skills to provide pastoral care in a helpful manner. The empirical results (Chapter 2 section 2.4.2.16) also affirm that theological

training does not adequately prepare pastors or even provide them with the very basic skills of ministering to bereaved children.

In light of the above discussion on the three approaches as described by Osmer (2008:161), this chapter is divided into three sections. The first section focuses on the *theological interpretation* and the three fundamental elements in theological anthropology are explored, namely:

- The human person created in the image of God;
- The function of Christology in theological anthropology; and
- The function of Pneumatology in theological anthropology.

The second section focuses on *ethical interpretation*. A hermeneutical approach to pastoral grief care is presented. Goals will be explored that serve as a guide in responding to the situation of grieving children. In order to provide pastoral care within an African context, the eco-systemic approach and the intercultural approach are explored. The section also explores:

- Rituals and symbols in grief care; and
- The term compassion as a virtue in pastoral grief care.

The third section explores models of good practice in pastoral grief care. The discussion is centred on models that the church can use in responding to children grieving in the situation of being orphaned through HIV. The models include the:

- Healing model
- Sustenance model
- Guidance model
- Reconciliation model.

## **4.2 Theological anthropology towards grief care**

Anthropology is a behavioural science. Anthropologists therefore study what human beings do and how they behave. In other words, anthropological studies mainly focus on people's behaviour and their everyday activities. Anthropology could be studied in various dimensions such as biological anthropology, cultural anthropology, social anthropology

and theological anthropology. One feature common to studies involving these dimensions is the recognition of the duality of human existence, which is that human nature is made up of an inner and an outer realm of existence (body and soul) (Shorter, 1973:1-3).

However, theological anthropology is distinct from other anthropological dimensions. Louw (1998:145) explains that theological anthropology understands human beings in their relationship with God. Theological anthropology therefore assesses the human person from the perspective of faith. As discussed earlier (in Chapter 1 section 1.6), theological anthropology pays particular attention to people in their spiritual focus through faith in God, as well as God's involvement with them and their eternal and ultimate destiny. Thus, theological anthropology aims to understand and assist human beings in their search in life (Louw, 1998:146).

Van Den Berg (2008:122) states that, if the discussion on theological anthropology enters the space where routes from different disciplines meet, "one can but note the emphasis on the new mapping out of a theological anthropology in which the human being is understood as embodied soul and a spirited body." Thus, theological anthropology concerns the relationship between notions such as body, soul and spirit, which together form a human person based on their descriptions in the Bible. It addresses human beings as created in the image of God, with a special qualitative relation to God compared to other species. Theological anthropology also deals with the restoration of the human relationship with God through the life, death, and resurrection of Jesus Christ.<sup>66</sup>

As cited above, theological anthropology is particularly concerned with understanding people in terms of their relationship with God. This is well illustrated by Louw in his book *A Pastoral Hermeneutics of Care and Encounter: A theological design for a base theory, anthropology, method and therapy*. For Louw (1998:126), understanding human beings hermeneutically means to interpret humanity in relation to themselves and God. From scriptural perspectives, it means instilling meaning in order to help people to discover their true humanity before God as they struggle to cope with their painful life situations.

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<sup>66</sup> <http://www.africaw.com/forum/f3/theological-anthropology-christian-theological-anthropology-t870/> - 19<sup>th</sup> May 2014

Theological anthropology is therefore interested in spirituality and in how the Christian faith can help persons (children orphaned through HIV and AIDS) cope better with life and contribute to a sense of purpose. However, naturally other motives are also involved when theology considers anthropology. Louw (1999:24) strongly believes that one of the most important motives of theological anthropology is that of human dignity and the significance of humanity.

Louw further states that the design of a theological anthropology for a pastoral theology is not concerned primarily with a fundamental analysis in terms of psychic issues or behavioural modes, but with a fundamental comprehension of human beings in terms of their calling by the grace of God. A theological anthropology is not focused on an ontological explanation of humans in terms of a metaphysical interpretation of having been created in the image of God. Rather, a theological anthropology should focus on those scriptural perspectives which comfort and instil meaning in order to help people to discover their true humanity before God and to cope with life issues.

Thus, the goal of theological anthropology is not a rational exposition or validation of human beings (children orphaned by HIV and AIDS) but merely to understand them hermeneutically, to interpret them in relationship with God (1998:146). However, it is worthwhile to note that theological anthropology is confronted with the same data as any other natural anthropology. The difference is that it relates these data to the Word of God, which provides a new understanding of man (Thurneysen, 1962:62, Louw, 1998:144).

Having discussed the term theological anthropology in this chapter as well as in Chapter 1 (Section 1.6), it is worthwhile to seek to understand the nature of human beings. As stated in Chapter 1, the way the church understands the nature of human persons determines how she responds to children's grief. Thus, as mentioned earlier this research explores three fundamental elements in theological anthropology:

- Created in the image of God;
- The function of Christology in theological anthropology; and
- The function of Pneumatology in theological anthropology.

#### 4.2.1 Understanding the notion of human persons being created in the image of God

Although the concept “created in the image of God” is the subject matter of much debate within the theological fraternity, most interpreters agree that the basic presupposition of the Christian view of human beings is the belief in God as the Creator. According to Weber (1981:559) the central place of the term ‘image of God’ in theological anthropology is not based on the frequency of its use in the language of the Bible. It is found in what is assuredly a very important passage in the Priestly account of creation. Weber further states that there can be no doubt that theology emphasises the concept of the image of God so strongly because in it the distinctiveness of man is understood so expressly in his special relationship with God. It is this significant meaning attached to the concept of the ‘image’ of God which is one of the reasons for the difficulties that it has always caused to theology (Weber, 1981:559). Berkouwer (1962:54) describes the term ‘image’ as making visible.

Thurneysen (1962:57), explaining the nature of human beings, argues that they were not the only created beings, as human beings exist with all other creatures and together with other creatures were placed in the realm of life referred to as “nature”.<sup>67</sup> Of significant note about creation is that out of all the creatures God made, only human beings are said to have been created in the image and likeness of God (Genesis 1:26-27). Therefore, human beings are unique and distinct from other creatures. To be in the image of God, therefore must be an indication of what is unique about human beings. The uniqueness of human beings can also be noted in divine counsel or deliberation that preceded the creation of human being “let us make man.” According to Adeyemo (2006:11), as earlier discussed, human beings had a privileged position in that their creation required a special decision, presented as if it was made at some great gathering. The plural in “let us make man” indicates the solemnity of the decision and stresses that something new and important was about to happen (Gen 1:26). The plural “let us” also implies the community of the Godhead which involves three persons – the Father, Son and the Holy Spirit.

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<sup>67</sup> This means that both human beings and animals have life.

While other creatures are created “according to their kinds” (Genesis 1:25), human beings are created in the image and likeness of God (Genesis 1:26). Thus, in the creation of human being God revealed himself in a unique way by making someone who was a kind of mirror image of himself. No higher honour could have been given to human beings than the privilege of being an image of God who made them. Therefore, when one looks at human beings (children orphaned by HIV and AIDS) one ought to see in them a certain reflection of God. Another way of putting this is to say that, through human beings God is to become visible on earth. When human beings are what they ought to be other people should be able to look at them and see God’s traits in them; traits such as God’s goodness, mercy and love. Children orphaned through HIV and AIDS should therefore experience God’s mercy especially through the church. John Calvin (in Hoekema, 1986:98) states that:

We are not to consider that men merit of themselves but to look upon the image of God in all men, to which we owe all honor and love.... Therefore, whatever man you meet who needs your aid, you have no reason to refuse to help him.... Say, “he is contemptible and worthless”; but the Lord shows him to one to whom he has designed to give the beauty of his image.... Say that he does not deserve even your least effort for his sake; but the image of God, which recommends of him to you, is worthy of your giving yourself and all your possessions.

As the church responds to the grieving children situation, she must keep alive the conviction that each of them bears God’s image. This would involve respecting and recognising God’s image regardless of their situation. Chapter 2 revealed that these children experience various grief related issues such as rejection and stigmatisation.

The fact that human beings were created in the image and likeness of God provides them with dignity. Moltmann (1984:27) emphasises that dignity is a universal characteristic of all human beings because God creates all people in God’s likeness. Berkouwer (1962:57) agrees that human beings are all made in the image of God; hence all have human dignity. However, a theology of dignity, according to him, needs to be balanced by an eschatological approach; creation is a continuing process and is inseparable from eschatology.



Middleton (2007:22) like Beverley (2010:44) affirms that human dignity has its own basis in the loving act of God the Creator who summons creatures into being and bestows life upon them. The dignity of every person (irrespective of sex, social status or race) is *indestructible* because it is a status God awards a person. Koopman (2007:177-183) is of the opinion that, for the recognition of human dignity from a Trinitarian perspective, human beings have intrinsic and inherent worth and dignity. But, this dignity does not reside in some inherent characteristic of human nature. It is a dignity that is imputed to all human beings by the love of God as expressed in their being created in God's image. Furthermore, we have dignity because God became human in Jesus Christ and redeems us; we have dignity because the Holy Spirit, as God at work in the world, is actualizing in and through us the new humanity that is a reality in Jesus Christ.

Children orphaned through HIV and AIDS, like other human beings, are created in the image of God, therefore they too possess human dignity. Human dignity is an essential part of their being that can never be removed by the death of their parents through HIV and AIDS. The church should therefore see these children through eyes that see them for who they are – persons of worth and great dignity, uniquely made in God's image. These children, regardless of their parental status, should not be treated with dishonour. The relationship between the church and these children should be governed by the foundational assumption that they are made in the image of God and have inherent dignity. This should have a profound impact on how the church views and behaves towards children orphaned through HIV and AIDS.

Being created in the image of God also invests human beings with responsibility for caring and being stewards of God's creation. God thus has given human beings the task of representing Him on earth through being created in His image. Moltmann (1984:23) argues that human beings have a responsibility to carry out their task in the world as implied in their being created in the image of God. God's purpose in creating human beings in His image therefore is functional, in that human beings are to rule and have dominion over all the earth (Gen. 1:26, 28). Weber (1981:560) explains that human beings, by virtue of being in a relationship with God, are equipped with a certain kind of authority over non-human fellow creatures. As indicated in Genesis 1:26 ("Let us make man in our image, in our

likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth, and over all the creatures, that move along the ground”), human beings’ position of dominance is expressed directly after the description of them as being made in God’s image.

Louw (1998:148) states that, in line with the general biblical claim for stewardship in the Old and New Testament, image of God tends to indicate a “representation with special authority.” Being an explicitly relational term, “image of God” describes the unique relationship between God and the human person, and proposes that the ultimate meaning of life should not be sought outside of this special relationship. Weber (1981:561), like Louw, emphasises that the image of God is not a concept of being or quality, but of relationship that was intentionally established by God. This purposeful relationship is demonstrated in Genesis 3:8: “Then the man and his wife heard the sound of the Lord God as he was walking in the garden in the cool of the day, and they hid from the Lord God among the trees of the garden.”

Berkouwer (1962:54) explains that the image is expressed in a dynamic and close fellowship with God and the image exists only when close contact, communication and loving relationship exist. Karl Barth points out that the image of God is the fellowship of “I and thou: God existing in relationship and fellowship” (Barth III/2: 324). Thus, being created in the image of God provides human beings (children orphaned through HIV and AIDS) the opportunity to have fellowship with God and that fellowship is experienced in a relationship. The relationship, according to Moltmann (1985:226), entails the relation of God to humanity and the relation of human beings to God.

Moltmann maintains that the relationship between God and human beings is understood when viewed from the perspective of man being dependent on God. According to Hoekema (1986:5), man is completely dependent on God. The fact that God preserves his creatures, including human beings, implies that they are dependent on him for their continued existence. This is captured well by Paul in his address to the Athenians where he states that God “gives all men life and breath and everything else” and that “in him we live and have our beings” (Acts 17:25, 28).

The understanding of what it means to be created in the image of God indicates that the church ought to see these children as she sees herself. The church should respond to children as Jesus instructs, “Just as you want others to do for you, do the same for them” (Luke 6:31). This would involve respecting the image of God in children orphaned through HIV and AIDS and this requires the church to extend the love, mercy and kindness of God to these children. In this regard, the church will be responding to the needs of bereaved children in a manner that reflects the values and presence of the kingdom of God. The church’s concern for children orphaned through HIV and AIDS ought to flow from the fact that children, like other people, are created in the image of God. This is an important approach in grief care given to children orphaned through HIV and AIDS as it endows children with self-worth and with human dignity.

Although the framework of humanity ‘created in the image of God’ presupposes an optimistic view of human beings traced from creation narratives, it is important to note that it does not ignore the component of sin (Grudem, 1994:444). This is because the image of God was lost as a result of sin, but the redemptive work of Jesus through his death and resurrection brought human beings back to God and this is the primary reason for Christ’s death. The Christian belief is that the person who receives redemption through faith in Christ becomes a new person, meaning that the person is recreated. Recreation of human beings therefore happens in the faith relationship of the believer with Christ (Moltmann, 1984:31).

In conclusion, the value of the concept ‘created in the image of God’ for theological anthropology reveals four aspects: The creation of human beings is unique, as it provides them with human dignity; human beings have a responsibility to care for and be stewards of God’s creation; human beings have fellowship with God and the relationship can only be understood from the perspective of man being dependent on God; and the last aspect involves the Christological dimension. Thus, an understanding of ‘created in the image of God’ concept is an essential element of theological anthropology towards grief care to children orphaned through HIV and AIDS.

#### 4.2.2 The function of Christology in theological anthropology

In Christian faith and theology, Jesus Christ is perceived as both divine and human. His birth, death and resurrection have constituted humanity and divinity. Schwarz (1998:241) states that any assessment of his person, life, and ministry must take the cross as its starting point. Schwarz is aware though, that it would be inaccurate to dwell exclusively on the cross, since it is a deep conviction of the Christian community that Jesus did not remain dead but was resurrected. According to Grudem (1994:608), Christ's resurrection was not simply coming back from the dead as experienced by others before, such as Lazarus (John 11:1-44), "for Jesus would have been subject to weakness and aging and eventually would have died." Rather, when Jesus rose from the dead he was the "first fruits" (1 Corinthians 15:20, 23) of the new kind of life. Peter states that human beings, through Jesus' resurrection are born a new to a living hope (1 Peter 1:30), thus earning human beings a new life. The new life is just like Christ's life; however, human beings do not receive all of that new "resurrection life" when they become Christians, for their bodies remain as they were, still subject to weakness, aging and death. But, the spirits of the Christians are made alive with the resurrection power of Jesus Christ.

Jesus' resurrection proves that physical death is not the termination of human existence. God, who is the giver of life (1 Timothy 6:13), has the power to reanimate the human body. Christ's triumph over the grave is Heaven's assurance to us that we too shall be raised. This is why Jesus is referred to as the "firstfruits of them that are asleep" (1 Corinthians 15:20, 23). Louw (2000:162) explains that the resurrection is a reality of "a radical transformation of the mortal body: it is a new creation of the old (an eschatological reality) which holds onto the hope that the Lord Jesus Christ will transform our earthly bodies" until they conform to his glorious body (Phi. 3:21). He maintains that:

The resurrection is a unique, creative act of God towards the crucified Christ, who has been buried and had descended into hell. It is an actual event which cannot be detected by using the method of the *historische Forschung*. In the Christian faith, the Gospel of the resurrection is linked to an empty grave, as well as to the appearance of Christ in his resurrected body. The 'earthliness' and 'bodiliness' of the risen Christ designates the resurrection hope as an actual reality which proclaims total transformation and total reconciliation in Christ. The resurrection is a *Pneumatological* reality (*mortificatio and vivificatio*) which has consequences for

human finite bodies: “the resurrection of the body” as well as one’s status before God: transformation into a new being as an ambassador of God’s kingdom. (Louw, 2000:161)

In fact the resurrection, as an act of God, “is revelatory category (*sui generis*), which remains linked to the empty grave and function independently from any verification by faith. It reveals to us the new status and condition of our being transformed by God (Louw, 2000:162). This is because its validity as a new status is totally dependent on the faithfulness of God. It is also God’s plan to redeem humanity from their guilt and sinful nature as the demonstration of His love to humanity (Rom 8:29-30). It is for this reason that Louw (1998:154) argues that a theology of the cross “unmasks people in their misery and existential need: they are lost and unable to save themselves,” but in Christ humanity discovers that they are God’s children and His possessions.

Moltmann (1974:179) argues that the resurrection defines Jesus’ actual and temporal role as a mediator between God and man. Jesus’ resurrection represents an assurance that human beings can have forgiveness from their sins, because it is through his resurrection that his death gains the special and unique saving importance. The resurrection of Jesus Christ is important to salvation because it demonstrated that God accepted Jesus’ sacrifice on our behalf and it guarantees that those who believe in Christ will not remain dead, but will be resurrected unto eternal life. In this regard Paul emphasises that “God raised the Lord and will also raise us up by his power” (1 Cor. 6:14).

When salvation is viewed from God’s ultimate intention for human beings, it is a divine act through the grace of God (Grenz, 1994:564). Louw argues that salvation is understood as liberating, renewing, justifying and saving dimension of the Kingdom of God (1998:55). Salvation therefore is the indicative condition of the new person and new creation in Christ. Through salvation the new person is justified and reconciled to God (Louw, 1998:153); hence relationship and fellowship with God is enhanced. The person grows in obedience to God through the sanctifying power of the Holy Spirit and thus receives God’s righteousness and holiness (Schwarz, 1999:161).

Therefore Christological aspect has a transformation effect on humanity. Transformation according to Hoekema (1986:24) is a continuing process. Through this process, human

beings continue to reflect the glory of God and this includes being transformed into the image of God. This is through constituting humanity into a new human being or bringing a new creation. The restoration and new creation in God's image happen in the communion of believers with Christ (Moltmann, 1985:232). Louw (1998:153) states that, by sharing in Christ's redemption, the old person is transformed into a new person. Transformation depends on the faithfulness of God in redeeming his people from their guilt and sinful nature and this is God's demonstration of His love to humanity. Paul states that the goal of redemption is that believers should be fully conformed to the image of Christ (Romans 8:29).

The practices of the church which seek faithfully to embody the mode of noticing and acknowledging redemption have radically "different meanings and significant different telos" (Swinton and Mowat, 2006:8). In explaining their argument they provide an example and state that the relationship of friendship is shared by both the church and the world. "At one level it appears to be nothing but a foundational human relationship." When this relationship is viewed from a theological perspective, though, there is significant difference. The difference emerges because of the church's recognition and acknowledgement of Jesus Christ. Swinton and Mowat (2006:8) continue to explain:

Within our society we tend to develop friendships on the basis of personal satisfaction. As long as a relationship is fulfilling our needs we will sustain it, but if it falls short we will terminate it and move on to another relationship that we hope will fulfil our needs. Friendships tend to be built on the 'principle of likeness' that is like-minded people will be attracted to one another. However, when we explore the friendships of Jesus we discover something else going on. He befriended tax collectors, prostitutes, lepers, those who in many senses were socially 'not like' him.

In the friendships of Jesus, relationships are based on the 'principle of grace'. Thus, the relationship of the church to children orphaned through HIV should not differ to Jesus' type of friendship. These children need Jesus' type of friendship, one which accepts them as they are. Chapter 2 revealed that these children are rejected, isolated, stigmatised and discriminated in their association with the death of their parents.

Christology also provides believers with a new eternal destiny, giving them a horizon of meaning. Louw (1999:72) points out that one of the most important consequences of the Christological approach is that it provides people with a spiritual dimension. It reveals that people are more than mere bodies and souls and that a human person is a spiritual being with a transcendental destiny. Therefore, pastoral care to children orphaned through HIV and AIDS should focus on assisting children towards spiritual growth. This is necessary because some of the children who participated in the empirical research did not maintain a clear understanding of God images (Chapter 2).

In terms of the discussion thus far it is safe to say that Christology has an impact on theological anthropology. The death and resurrection of Christ links human beings to God, thus human beings are able to relate with God. By sharing in Christ's redemption, the person is transformed into God's image. Thus, Christology is able to restore human beings to their original state and provide a spiritual dimension. This task is accomplished through the working of the Holy Spirit. In this regard, the working of the Holy Spirit is significant in theological anthropology and the assumption is that the function of the Holy Spirit is essential in the lives of children orphaned through HIV and AIDS. The working of the Holy Spirit is also necessary in the lives of the practitioners of pastoral care as they provide grief care to these children.

#### **4.2.3 Function of Pneumatology in theological anthropology**

The Holy Spirit is presented in Scripture as having the same essential deity as the Father and Son and is to be worshipped, adored, loved and obeyed in the same way as God (Walvoord, 1991:5). Walvoord further states that the deity of the Holy Spirit is demonstrated in his work. Thus, all the work of the Holy Spirit bears his deity. Richards (1987:31) notes that the Holy Spirit accomplishes all this work in and for the believers in carrying out the good will of Christ and of the Father for each believer, but believers have a responsibility to live by the Spirit and keep in step with the Spirit (Gal. 5:16, 25).

According to Walvoord (1991:107), while the ministry of the Holy Spirit is primarily directed towards Christians, it is evident that the Holy Spirit is working in the world as well. The Scriptures tell that the Holy Spirit discloses the truth about Jesus Christ; that He



alone can set people free from the bondage of sin and horror of death (Rom 1:4). The Holy Spirit therefore works in the minds and hearts of non-believers, convicting and convincing them of their need for the Saviour, thus releasing them from their doubt and resistance. Bloesch (2000:285) points out that the Spirit comes not only to convict of sin but also to purify and cleanse from all unrighteousness. His mission is not only to empower, but also to make Holy (Rom. 15:16, 8:2-11). As such, the work of the Holy Spirit is to reveal the gospel to people and to make possible the salvation of their souls. The doctrine of the Holy Spirit is therefore imperative in its significance to the appreciation of the gospel. Louw (1999:100) explains that when a person accepts the gospel he is a renewed person in Christ. The renewed person in Christ depends on the instructions from the Spirit of God.

The Holy Spirit is the person of the Trinity through whom the entire Godhead works in believers (Erickson, 1998:861). This implies that the Holy Spirit inhabits the believers and is active in the believers' lives; consequently, he addresses them in their inner souls. According to Louw (2008:16, 96) pastoral anthropology has its starting point in inhabitational theology and has to do with the inhabitation as a pneumatological event. The central theological and Christian spiritual concept of inhabitational theology is the hope in which God has called human beings. Louw (2008:188) argues that this hope is connected to the knowledge and hermeneutics of the Spirit that refer to the power which God exerted in Christ when he raised him from the dead (Ephesians 1:19-20). This hope is a reality in the lives of the believers due to God's *inhabitational presence* within their bodies. In this context, the body is the temple of the Holy Spirit (1 Cor 6:19) and a sanctuary for the display of the charisma of the Spirit and the presence of God (inhabitation theology). The personal presence of the Holy Spirit as indwelling the believers is an evident mark of divine grace. His indwelling in the believer is the sign and seal of the ultimate fulfilment of God's redemptive purpose in people. The implication here is that the Holy Spirit is a seal of the believer's redemption. Sealing indicates the Holy Spirit's permanent presence in the believer's life and affirms divine ownership and commitment (Eph 1:13, 4:30).

Walvoord (1991:163) adds that the indwelling of the Holy Spirit in the believer is important as it is related to every reality of the believer's experience. The believer's spiritual understanding, assurance, service, prayers, and sanctification, all spring from the



indwelling of the Holy Spirit. Hoekema (1986:8) mentions that sanctification can be defined as the operation of the Holy Spirit, involving man's responsible participation, by which he renews man's nature and enables him to live to the praise of God. For Grudem (1994:746), sanctification "is a progressive work of God and man that makes us more and more free from sin and like Christ in our actual lives." Grudem (1994:746), referring to the New Testament on the term sanctification, argues that the New Testament sees sanctification as a process that continues throughout the Christian life. As a result, the individual is transformed into God's image. Sanctification, therefore, ought to be understood as the progressive renewal of human beings in the image of God. Hoekema (1986:86) notes that the renewal takes place through the influence of the preaching, teaching, or study of the Scriptures. The two descriptions cited above (Grudem, 1994:746, Hoekema, 1986:8) on the term sanctification clearly indicate that sanctification is both the work of God and the task of human beings.

Another necessary aspect of the Holy Spirit is that He is involved in the transformation of the believer. Louw (1998:167) explains that the Spirit releases new possibilities in a person during transformation; hence the believer is transformed to full humanity. The Spirit transforms the tendency towards internally focused self-assertion to externally focused self-denial (Louw, 1998:172). Furthermore, the Holy Spirit provides insight into spiritual realities (1 Cor 2:13-15) and imparts wisdom which is vital to spiritual maturity (1 Cor 2:6-10). The spiritually mature become sensitive to and are able to care for, comfort and love others. Moreover, based on God's promises, the spiritually mature person is able to provide hope to those who are suffering, such as children orphaned through HIV and AIDS.

On the difference the Holy Spirit makes in practical theology in relation to therapy, Louw (1998:168) underscores that the Holy Spirit creates an expression of the promise of God's presence. Practitioners of pastoral care therefore are not dependent on communication skills and counselling techniques. In this regard, Richards (1987:31) argues that the Holy Spirit gives gifts that expresses the Spirit's enablement of individuals for ministries that enrich the lives of others (Rom 12:6-8; 1 Peter 4:10). The work of the Holy Spirit may be observed in the form of enablement, providing the church with the power and wisdom necessary for various ministries (such as grief care to children orphaned through HIV and

AIDS). Indeed, her entire attitude or disposition is not based on a professional obsession to achieve something through a therapeutic process, nor is it dependent on empathy on an emotional level. The sympathy of Christ and God, as interpreted in the crucified Christ, determines the basis of the pastoral attitude (Louw, 1999:112).

The foregoing discussion on ‘created in the image of God’, the functions of Christology and Pneumatology indicates that there is a relationship between Christology and Pneumatology. The theological foundation of a pastoral anthropology is that Christology gives the human person a new quality of being human (human dignity) through *Pneumatology*. This denotes that the quality of being human, which is an indication of human dignity, is bestowed through the re-creation in Christ through the Holy Spirit. Such an understanding is crucial for all dimensions of being human and also for the meaning and value of pastoral care to children orphaned through HIV and AIDS. Moreover, the understanding and conviction that children are made in the image of God could prompt the church to have compassion and provide pastoral grief care to children orphaned through HIV and AIDS.

#### **4.3. A hermeneutical approach to pastoral grief care**

The pastoral hermeneutics to be discussed must be seen as a theological reflection on how to live and to practise faith within the context of the church and the contemporary social and cultural situation. The hermeneutical approach will therefore focus on the process of understanding within the African context. The aim is to develop a theoretical basis for theological pastoral grief care and counselling for children orphaned through HIV and AIDS. According to Thesnaar 2011:4, “the hermeneutical approach is interested in the understanding and clarification of human problems than trying to explain the problems or to provide quick fix solutions to the problems human beings are grappling with.” However, Louw (1998: 3) argues that the challenge of pastoral care is to address the existential issues from the perspective of Christian faith and hope.

As mentioned above, the hermeneutical approach focuses on the *ethical interpretation* as discussed by Osmer (2008:161). Osmer states that the hermeneutical approach uses ethical principles, rules, or guidelines to guide actions towards moral ends. Louw rightly believes

that pastoral care within a hermeneutical approach is about a theology of life and the healing of life from the viewpoint of Christian spirituality. It is about how new life in Christ and the indwelling presence of the Holy Spirit can contribute to the empowerment of human beings. It is about hope, care and the endeavour to give meaning to life within the reality of suffering and the ever existing predicament of trauma (Louw, 2008:11). The discourse in this approach therefore involves figuring out how pastoral grief care and counselling ought to be provided to children orphaned through HIV and AIDS. It is therefore imperative to explore goals that can guide pastoral care in responding to children's grief situation.

The hermeneutical paradigm challenges pastoral care to not focus on an individual approach only, but to approach problems contextually (Thesnaar, 2011:5). The empirical research (Chapter 2) clearly revealed that participants came from varying cultural backgrounds. Therefore, in order to respond to grieving children in the situation of being orphaned through HIV and AIDS within the Kenyan setting, the focus will be on eco-systemic and intercultural approaches. This is because African (Kenyan) people emphasise the network of connections within social and cultural contexts (Mbiti, 1969:2) and pastoral care and counselling in an African context must be seen as a social and community issue (Louw, 2008:180).

The hermeneutical approach also integrates a discussion on rituals and symbols. Pastoral care and counselling should allow more space for symbols and rituals. According to Thesnaar (2011:11) hermeneutical paradigm creates the space for the use of symbols and rituals. In the context of this research, symbols and rituals can be used to assist pastoral care givers in responding to children orphaned through HIV and AIDS on their journey towards grief recovery. As noted in Chapter 3, rituals and symbols facilitate grief recovery.

The empirical research (Chapter 2) also indicates that children orphaned through HIV and AIDS are stigmatised, rejected, discriminated against, and isolated. Their situations therefore compel the church to have compassion on them. Compassion is a virtue that involves unconditional love and willingness to get involved, therefore, compassion is

necessary in pastoral care to children orphaned through HIV and AIDS. A discussion on the term compassion is provided in section 4.3.5.

Based on the discussion above the hermeneutical approach to pastoral grief care will be explored in the following order: goals in pastoral grief care and counselling, the eco-systemic approach, an intercultural approach for pastoral grief care, symbols and rituals in pastoral grief care and the term compassion.

#### **4.3.1 Goals in pastoral grief care and counselling**

Goals are necessary in a response to the situation of grieving children orphaned through HIV and AIDS. Benner (1994:28) argues that a clear understanding of goals is one of the most important aspects of the pastoral care and counselling endeavour. Without goals pastoral care and counselling become aimless activities. Van Lierop (1991:102) maintains that goals play a major role in achieving supportive pastoral care. However, the church does not know what goals and objectives to adopt with the children and there is no criteria that provides checks on whether the pastoral care has been helpful and meaningful (Lester, 1985:34). As such, the church has to learn to set goals for the ministry with bereaved children if she has to feel comfortable in providing helpful pastoral care to children orphaned through HIV and AIDS. To formulate the goals, practitioners of pastoral care should first understand the needs of these children as discussed in Chapter 2 of this research.

The church's working premise, however, is that spiritual growth is necessary to the well being of human beings (Benner, 1994:28).<sup>68</sup> Benner rightly believes that there is no sphere of life that does not have religious significance and therefore no sphere of life is irrelevant to pastoral care and counselling. Spiritual needs often emerge clearly within the context of daily life experiences and struggles. This implies that even grief experienced by children orphaned through HIV and AIDS has a spiritual component. The empirical research (Chapter 2) supports Benner's suggestion cited above that spiritual need might be triggered by life experiences (grief related to the death of a parent). In light of the above discussion,

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<sup>68</sup> For the purpose of this study, wholeness implies the grief experiences and grief related issues as cited in Chapter 2.

the church should formulate goals not based on children's spiritual growth only but also in response to their grief experiences and grief-related issues as discussed in Chapter 2.

Of significant note is that goals must be set according to the prevailing situation, context and purpose they are supposed to serve. Given this understanding, this section specifically explores goals relevant to pastoral grief care. Louw (2008:563) claims that the most important pastoral grief care goals are as follows:

- To provide structures by means of rituals and symbols for the expression of emotion in the severance of the bonding experience, thus to stimulate the process of parting and detachment which actually implies increasing the reality of the loss;
- To act as an interpreter between the pain of the griever and God's compassion. The church must be an active listener to the stories of pain and loss;
- To facilitate the processes and phases of grief, for example to help mourners deal with both expressed and latent affect;
- To provide support in making of choices for the future, as well as in the orientation to the reality of the loss. The church should help the mourner overcome various impediments to readjustment after the loss, to encourage the bereaved to take leave of the deceased and to feel comfortable about reinvesting in life;
- To provide support by means of practical tasks of service and assistance, advising people not to make important choices during the phase of confusion and shock. Later on, to encourage them to deal with life once again and to make wise choices about readjusting;
- To mediate hope by means of an organic use of Scripture, for example the pericope which applies to the needs of the griever and is within the context of the griever's specific phase at the time;
- To encourage communication with the deceased via a consciousness of the reality of resurrection. The same quality of life which the deceased believer already shares in Christ belongs to the living on the grounds of their corporate fellowship with Christ.

Benner (1992:27), like Louw (2008:563), notes that the overall goal of grief counselling is to help the survivor complete any unfinished business with the deceased and be able to

cope and adjust to life. Based on this understanding, the church has a responsibility to attend to children during the grieving and mourning period. This involves helping children become fully functioning and being consciously aware of the reality of the death of their parents. Bereaved children should be enabled to become free of those obstacles that could prevent spiritual growth. This may involve assisting children to go through the grieving and mourning period and to live in light of their relationship with God.

Worden (1991:38) has also made a contribution regarding goals of grief care and counselling. He argues that the goals are specific and they respond to the four tasks of mourning which are aimed at helping the bereaved person to work through grief to experience recovery from grief. The goals include:

- To increase the reality of the loss;
- To help the counselee deal with both expressed and latent affect;
- To help the counselee overcome various impediments to readjustment after the loss;
- To encourage the counselee to appropriately bid the deceased farewell and to feel comfortable reinvesting back in life. (Worden, 1991:38)

The four goals point to the fact that the church's presence is an element in helping children work through their grief. The church should therefore provide children with the opportunity to express their feelings and emotions. Furthermore, the church should assist children to perform rituals that can help them to accept the reality of the death of their parents and experience emotional healing. Worden (1981:38) explains, however, that among the four goals the overall goal of grief counselling should be to assist the bereaved children to complete any unfinished business with the deceased and to be able to bid them farewell.

Although the goals described by Louw (2008:563) and Worden (1991:38) are not similar, both of them agree that the overall goal of grief care and counselling is that of helping the survivor complete unfinished business with the deceased to be able to bid them farewell. This is an essential element of grief care for children orphaned through HIV and AIDS because children need to be helped to overcome their grief in order to cope with, and adjust to the death of their parents. Employing the eco-system of care to achieve this task is

important. This is because sub-systems within the eco-system play a significant role in the rearing of children in the African (Kenyan) setting (Mugambi & Nasimiyu-Wasike, 2003:159).

#### **4.3.2 The Eco-systemic approach**

Firet (cited in Heitink, 1993:217) defines the term system and states that it is “an arrangement of components into a distinct typical whole” and Keuning (also cited in Heitink, 1993:217) notes that all systems definitions have two things in common, an aspect of totality and an aspect of relatedness. These two features are significant within African societies and are clearly captured by Mbiti (1969:108) who argues that to be human is to belong to the whole community and this explains that in Africa an individual is identified through the community.

Thus, the systems approach emphasises the network of connections and structure within the social and cultural context and it is organised around relations. Heitink (1993:217-218) argues that the systems approach is applicable as an instrument in practical theology. Illustrating how it can be used in pastoral care, he states that, when a pastor or practitioner of pastoral care tries to reconstruct a life story through the analysis of pastoral verbatim, the person discovers to what extent a personal history may be determined by the ‘system’ of the family in which that person was raised. This is because the immediate setting is the family - the environment in which the child lives plays a significant role in children’s lives. Thus, the systems approach can be understood in terms of relationships.

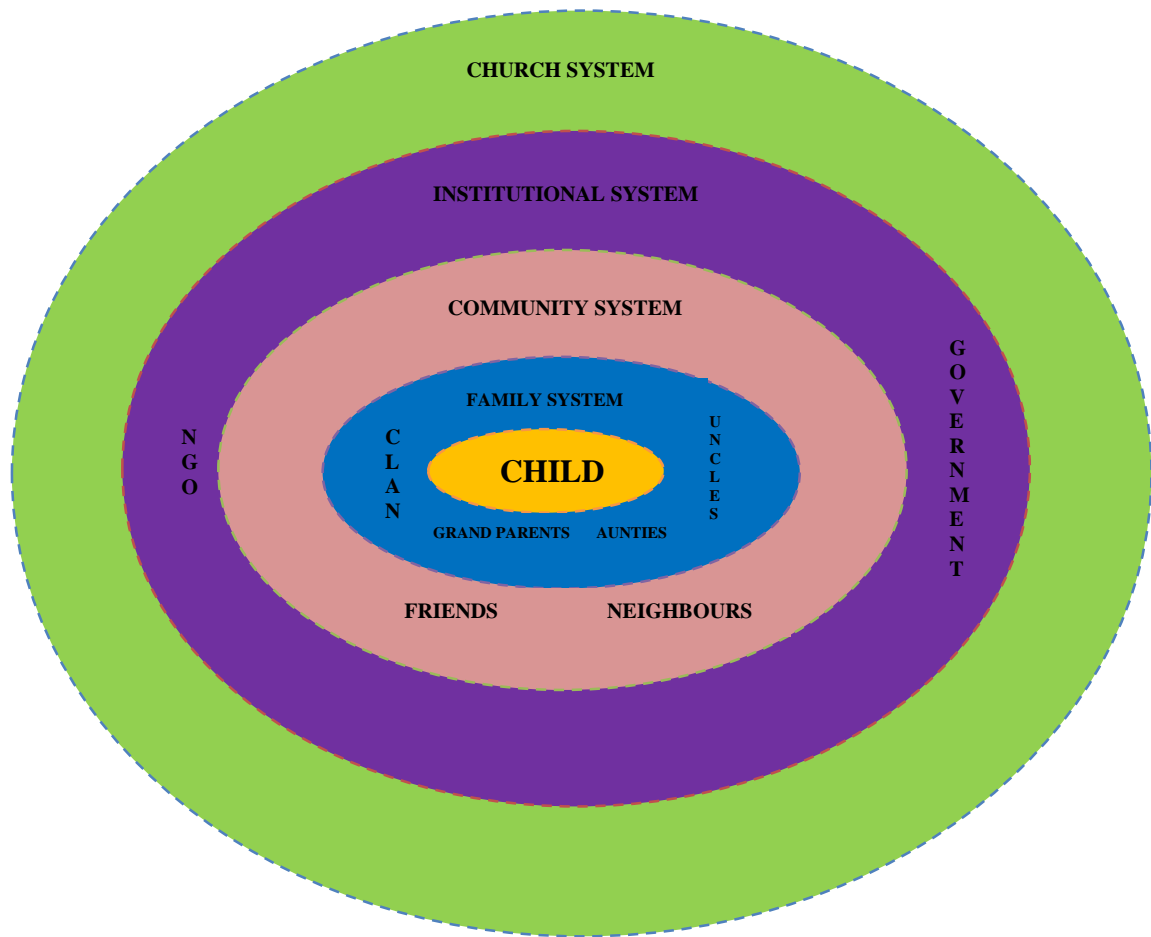
It is necessary for practitioners of pastoral care working within the African context to recognise the systems approach. This is because the African societies place great value on relationships (Lartey, 2006:43). The church should maintain the relationship network integrating different systems in order to provide helpful pastoral grief care to children orphaned through HIV and AIDS. This approach cannot be ignored in a Kenyan context, as systems play a significant role in nurturing children. In Kenya, and indeed in Africa, systems include the clan, family, relatives and community (Mbiti, 1969:105-107). Mugambi and Nasimiyu-Wasike (2003:159) argue that these systems are important because they initiate children into the social, economic, physical and spiritual life of the

community and particularly into the life of children's families. Systems therefore are necessary in enhancing the overall activity of the church in supporting the bereaved children.

The systems approach as a network of relationships consists of subsystems and they interact so that each system influences and, in turn, is influenced by the others. Subsystems therefore cannot be understood in isolation, since they never function independently and concepts of organisation and wholeness are essential to understanding how the systems operate. Frude (1990:39) argues that the subsystems exist in order to carry out various tasks necessary for the overall system and each subsystem plays a different role within the system. The role played depends upon its intrinsic characteristic and its position in the system structure. Hence, the systems approach within the hermeneutical paradigm introduces an eco-hermeneutical perspective within pastoral care.

An eco-systemic perspective within the hermeneutical context represents such a system in which the systems are organised into a group. Thus, the eco-system can be viewed as a wider social context in which children orphaned through HIV and AIDS can be provided with grief care. This is because the sub-systems within the eco-system play a significant role in the normative development of children within the African context (Mugambi & Nasimiyu-Wasike, 2003:159). To apply the eco-systemic approach towards the grief care of bereaved children it is necessary to determine systems that can be involved in providing them with grief care and influencing their development and spiritual formation. For the purpose of this research, the eco-system can be understood as presented in Figure 4.1.





**Figure 4.1: The Eco-system**

As can be seen in Figure 4.1, pastoral care must be offered with awareness of the above eco-system when providing grief care to bereaved children within an African perspective. The value of the eco-systemic approach in pastoral care is that the subsystems can be integrated in offering grief care to children orphaned through HIV and AIDS, because they can play a fundamental role in helping bereaved children adjust and cope with the loss of their parents.

Pastoral care for children orphaned through HIV and AIDS in Nairobi, Kenya should also be provided with utmost care. Nairobi is a metropolitan city and the capital city of Kenya. As such, people who live in Nairobi come from various Kenyan regions in search of jobs. It is clear, therefore, that children orphaned through HIV and AIDS come from specific,

but also varying backgrounds and cultures. This makes it crucial for practitioners of pastoral care to have an understanding of the children's cultures. As such, pastoral care will need to make use of the intercultural approach. The intercultural approach to pastoral care is of great importance and cannot be disregarded when providing pastoral care to children orphaned through HIV and AIDS in a Kenyan context.

#### **4.3.3 An intercultural approach for pastoral grief care**

Pastoral care arises out of and responds to the experiences of persons-in-context. Lartey (2006:89) affirms that the hermeneutical paradigm sanctions pastoral care to operate contextually and this involves applying the intercultural approach. An intercultural study attempts to capture the complexity involved in the interaction between people who have been shaped and influenced by different cultures (Lartey, 2003:32). Louw (1998:75) believes that, in pastoral care, one should always reckon with the fact that human problems are embedded within a socio-cultural context. People's reactions are often a reflection of the values, norms and taboos that are shaped by their cultural environment. According to Louw (1998:75), in intercultural hermeneutical model theologians no longer work with the split between Christ and culture, but with the interconnectedness between Christ and culture. Interculturality is about the meaning of Christian spirituality within culture as well as the mutual influence and exchange of paradigms between the two (Louw, 2008:153). In other words, Christian religion, faith and spirituality cannot be understood without an understanding of the culture.

In describing culture, Lartey (2003:31) refers to it as that particular and distinctive way of life of a group of people. This includes ideas, values and meanings embodied in institutions and practices – in forms of social relationships, in systems of belief, in mores and customs and in the way objects are used and physical life is organised. Niebuhr (1952:32) defines culture and argues that it is an “artificial secondary environment” which man superimposes on the natural. It comprises elements such as language, habits, ideas, beliefs, customs, social organisation, technical process and values.

Augsburger (1986:61) states that culture is inevitably present so that even in the most desperate attempts to flee from its power, such as in experiences of insanity, the madness

is still patterned by the culture's norms and rituals. Indeed, in the African context, there are culture-bound syndromes and these are specific mental disorders which occur only within specific cultures. For example, *amafufunyane* is a form of spirit possession which the Nguni of South Africa attribute to sorcery (Ndeti *et al.*, 2006:109). Augsburger (1986:39) also observes that every human being is shaped, formed and patterned by the community to which they belong. This implies that the patterns of behaviour that form a culture are not genetically or biologically determined.

Culture should not be seen as the only determinant of the experience of grief in children; however, it is one of the factors that influence children's grief that ought to be understood. Louw (2008:153) points out that:

Within an African perspective the human being cannot be understood separate from cultural issues and value. Humans are embedded in culture. Culture in itself is an expression of the creative and imaginative human spirit. In itself it can be viewed as sacred endeavour. If it is true that "culture" in a comprehensive sense encompasses the entire life of a people, their moral religious beliefs, social structures, political, economic and education system, form of music and dance, rituals and all other products of their creative spirit – then a discussion on culture must indeed include the aesthetic, spiritual and sacred dimension.

For this reason, practitioners of pastoral care working within the African context should be acquainted with the cultural practices of the people they are working with. This is true especially for practitioners of pastoral care providing grief care for children orphaned by HIV and AIDS in Kenya. Lartey (2006:43, 2003:33) strongly believes that it is of utmost importance that pastoral theologians pay attention to the social, cultural, economic, political and environmental contexts in view of their influence upon people's life experiences and interpretations they form of it.

Augsburger (1986:13) argues that "awareness of one's own culture can free one to disconnect identity from cultural externals and to live on the boundary," crossing over and coming back between cultures with increasing freedom. Therefore, the pastoral theologian has to develop a special skill, which Augsburger refers to as interpathy (1986:14). Interpathy allows an individual to enter a second culture in a cognitive and effective manner, to respecting that culture and to seeing it as equally valid as one's own. Thus, an

intercultural approach suggests a double movement where there is inculturation<sup>69</sup> of Christianity and Christianisation of culture. In this regard, Christian life is a cultural phenomenon and it is a distinctive way of life that can only operate culturally. Therefore the Christian faith cannot exist except in a cultural form. Inculturation therefore offers the cultures “the knowledge of divine mystery” on one hand; and, on the other, it helps them “to bring forth from their own living tradition original expressions of Christian life, celebration and thought” (Bosch, 1991:454).

Bosch (1991:452) emphasises the importance of the process of inculturation and states that inculturation does not focus on accommodation or adaptation to a certain culture, but on a “regional or macrocontextual and macrocultural manifestation. Inculturation implies an inclusive, all embracing comprehensive approach. In a certain sense, inculturation aims at being a form of incarnation: “the gospel being ‘en-fleshed’ ‘embodied’ in a people and its culture...” (1991:454). This process of inculturation implies further that different theologies and approaches enrich each other within a systemic approach to the pastoral encounter. Bosch (1991:454) states that we are not only involved with inculturation (the contextual manifestation), but also with intercultural (the relationship between different cultures).

According to Bosch (1991:455), it is wise not to use the term “inculturated”, the reason being that inculturation has to be a tentative and ongoing process. The relationship between culture and the gospel should always be a creative and dynamic process. Inculturation refers to the more comprehensive and continuous process associated with intercultural communication and contact, while ‘inculturated’ only refers to the contact with other cultures. Thesnaar (2011:9) is of the view that pastoral theology will only be practiced responsibly if inculturation is implemented within an ecumenical paradigm. The challenge is whether people are able to move from their own cultural context to that of another. Sometimes this is hampered due to immaturity, the lack of skills or fear that they will lose their own culture. Thesnaar further states that pastoral care has the responsibility to assist

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<sup>69</sup> Louw (2008:151) explains that inculturation refers to the Gospel being enfleshed and embodied within the paradigm of a specific local culture, without losing the awareness of multicultural pluralism, which is the reality of different cultures within a system of dynamic interaction and inter-dialogue.

people in realising that, when they practice inculturation, it is not about losing their own culture. It is actually about becoming culture-aware. “Therefore, it is valuable to know that ethnicity, culture, faith and race are an inherency that one is to care for and protect to be able to use it as a direction” for oneself. On the other hand, it is important to make sure that this does not create boundaries, barriers or blockages in communication and cooperation between people.

Tylor (cited in Shorter, 1988:4) argues that people learn cultures from their societies and therefore culture is what human beings learn or acquire as members of a society. This comprises the learned aspects as opposed to the inherited aspects of human thinking and behaviour. Mbiti (1991:2), in explaining how African children learn their cultures, argues that culture is passed on to them by their parents and, indeed, by the community to which they belong. Larney (2006:63) states that, in Africa, culture is passed on mainly through participation in rituals. This implies that children learn their culture related to death through participation in rituals. According to Mbiti (1991:131), as cited previously, there is a wide variety of rituals. Some concern the life of a person from birth to after death. Others are specifically for the community, embracing its total life and activities.

Mbiti (1991:119) further states that there are various rituals that are associated with death. Death rituals serve as a public acknowledgement that death has occurred (Gichinga, 2007:160), therefore death rituals are very significant to the mourners. Pastoral care to children orphaned through HIV and AIDS should therefore utilise rituals and symbols that are relevant in grief care in order to assist these children to cope and adjust to the loss of their parents.

#### **4.3.4 Symbols and rituals in pastoral grief care**

Within the hermeneutical paradigm, this research suggests that symbols and rituals are essential in pastoral grief care for children orphaned through HIV and AIDS in Nairobi, Kenya. Thesnaar (2011:11) maintains that the hermeneutical paradigm enables pastoral care not to focus on the direct presence of God in life and creation only, but also on his indirect presence. Pastoral care thus has the task of focusing on interpreting God and our human context. Thesnaar further states that such sensitivity will require pastoral care to

allow more space for rituals and symbols and sacramental dimensions of life. As previously mentioned, the hermeneutical paradigm empowers pastoral care to use symbols and rituals in responding to grieving children's situation when orphaned through HIV and AIDS.

#### **a) Symbols**

A symbol fulfils a bridging function, via the representation of an image, between the reality of faith and human experience in the world (Thesnaar, 2011:11). Thesnaar further states that human beings make use of specific images by which actions can be related to certain experiences. There are many kinds of symbols and they are often found where art is found, since they are part of art. Mbiti states that some are presented by insects, birds, shapes and colours. For example, among some communities in Africa, white colour is a symbol of death, and when a person dies, relatives smear themselves with a white substance (1991:25). In this regard, symbols speak to the people inside a culture but do not speak so clearly to those outside the culture. Hence, most of the symbols are culture and society bound. Symbols are therefore universal where there is similarity in social or religious context.

Lartey (2003:76), citing May, argues that a symbol is a 'bridging act', a bridging of the gap between outer existence (the world) and inner meaning, and it arises out of man's capacity to separate inner meaning and outer existence. Thus, the human ability to symbolise enables people to relate to the external world of persons and objects. For example, Louw 1998:55 proposes that both physical and psychological healing are symbols and signs of the kingdom of God. Other examples of symbols within the Christian religious context are the cross, the dove, cathedrals and the laying on of hands. Thesnaar (2011:12), however, argues that some of these symbols have disappeared from churches and will need to be discovered again. He therefore suggests that it is important to create new symbols that can assist human beings to find healing, to cope and adjust to life experiences.

Symbols articulate rituals that indisputably are human phenomena. Therefore, a symbol wears the ritualistic interpretation imposed on it. The responsibility of the church is to rise above theological differences and seek symbols and rituals that can help in offering pastoral care to grieving children orphaned through HIV and AIDS (Bowman, 1998:113).

## **b) Rituals**

A ritual has the ability to create meaning; its value and impact should not be underestimated. It has the ability to challenge the community to evaluate its actions in the presence of the broader community in relation to its basic religious identity (Thesnaar, 2011:12). Kiriswa (2002:28) explains the importance of people engaging in rituals and argues that rituals help them to regain their emotional balance and heal faster psychologically than those who do not engage in the rituals. Pastoral care to children orphaned through HIV and AIDS will need to contextualise the religious rituals, as well as reckon with the use of cultural rituals. In this regard, the church should examine religious and cultural rituals to see whether they can play a role in providing grief care.

Prayer is one ritual which is important when people experience the death of a loved one. Bowman (1998:110), in explaining the value and utilisation of religious resources in grief care, argues that grieving people normally call upon the church for prayer. Prayers are imperative during bereavement as they can be used to give thanks, gain support and find strength. Bowman (1998:112) strongly believes that bereaved people are better cared for when prayers are specific. Therefore, prayers should focus on the needs of the bereaved children, as well as on needs of the bereaved people. The manner of prayer is important and Bowman advises the church to aspire to pray in a conversational tone, as it conveys personal concern.

Prayers should also be brief; sometimes the shortest prayers are best remembered. On the other hand, long prayers are likely to tire the grieving people and this can encourage preoccupation. Bowman (1998:112) argues that the preoccupation of grieving people is so intense that longer prayers have less value than shorter prayers. The content of the prayers should therefore deal with concerns within limits of reality and primarily be focused on providing strength to the bereaved family. Bowman (1998:113), in suggesting what could be included in prayers, mentions the need of God's help during funeral arrangements and the importance of God's strength for bereaved children to cope and adjust to an environment without their parents.

It is important to note that prayers are influenced by the Holy Spirit. We do not even know what to pray for (Rom 8:26). Thurneysen (1962:192) affirms that prayer is a sovereign matter, but also a mighty and merciful event. He is of the view that everything is “exclusively entrusted to the one who alone acts in pastoral care. Without him we can do nothing (John 15:5).” Thurneysen strongly believes that when people pray to God, God hears and helps them even when there is no other helper anymore (1962:193). Thus, the suffering experienced by children orphaned through HIV and AIDS and their needs ought to be communicated to God in prayer. The church should be able to lead grieving children to the throne of grace in a way that is suited to their suffering and needs.

The funeral service is another significant ritual during bereavement, because it provides the opportunity for individual and corporate grief work. Bowman (1998:118) suggests that the funeral service should be designed in such a way that grief work is not inhibited. In other words, a funeral service will serve as a healthy ceremony when it assists the bereaved family and the mourners to accept rather than deny their feelings. With this in mind, Bowen (1978:331) describes the functions of funerals within a family system and suggests that children should be allowed to attend the funeral service; the goal is to bring the “entire family system into the closest possible contact with death.” But Oyugi (2008:3) states that children are rarely allowed to attend the funeral services. Bowen argues that the reason why children are usually excluded from participating in funeral services is to avoid upsetting them. He is of the opinion that this can result in a lifetime of unrealistic and distorted fantasies and images that might never be corrected (1978:332).

During the funeral service, the Scriptures can be used as one of the resources, although some people argue against the use of Scripture as a spiritual resource at the time of grieving and mourning.<sup>70</sup> Bowman (1998:107) believes that the reason is not the use or non-use of the Word of God but the way in which the Scriptures are utilised that is of concern to people. He therefore suggests the manner in which the Word of God can be used and states that the preferred approach is to use the Scriptures pastorally. When the Scriptures are used pastorally, they provide comfort and consolation. The grieving people feel God is

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<sup>70</sup> For the description of these two terms, see 1.11.



speaking to their present situation (1998:108). In this regard, brief related Scriptural passages can be very helpful when conducting a funeral service where children orphaned through HIV and AIDS are present. This is because children have a short attention span, thus it is necessary to use an economy of words in using the Scriptures. Bowman (1998:109) argues that the chosen Scriptures spoken from memory to the grieving sufferers convey comfort and understanding.

Another Christian religious ritual that can be used is the sacrament of the Holy Communion. Thesnaar (2012:215-231) observes that the ritual of Holy Communion may have different forms and names within different faith traditions, but the binding factor is that wine and bread are commonly used and that this takes place within communion, *koinonia*. Holy Communion, according to Thesnaar, refers to the meal of Christ. Louw (2008:185) points out that, when this ritual is celebrated, it symbolically demonstrates God's love for His people and communicates support, concern, grace, reconciliation and a sense of belonging. Liturgical acts such as singing of hymns could be implemented to make God's presence a reality. However, when selecting the hymns it is necessary to bear in mind that the value of the ritual for those who are present is that everyone needs to participate (Thesnaar, 2012:215-231). Hence, it is imperative to select hymns that children are able to sing.

The above discussion on rituals and symbols clearly indicates that pastoral grief care to children orphaned through HIV and AIDS within a Kenyan setting needs to employ cultural and Christian rituals and symbols. Although the use of rituals and symbols in pastoral care within a Kenyan setting is necessary, virtues in spirituality are also imperative in pastoral care. Louw states that there are various basic virtues in spirituality. A virtue refers to the disposition or attitude that moves an individual to sustain practices that enable the theologian to accomplish the moral good. It safeguards human dignity and brings about a human space of more soulfulness (2008:281). Virtues are therefore necessary, especially when providing care to grieving children orphaned through HIV and AIDS.

As mentioned earlier, the empirical research indicates that children have been stigmatised, rejected, isolated and discriminated against in association with the death of their parents

(Chapter 2). The challenge of the church is to identify, be sensitive, and become involved with the suffering of these children in order to be of comfort to them. Thus, compassion is a virtue that cannot be ignored in responding to children in situations of being orphaned through HIV and AIDS. Louw (2008:281) defines compassion and states that “compassion indicates sensitivity.” It describes the virtue of unconditional love and the willingness to become involved. Compassion should therefore move the church to respond to children’s grief situation.

#### **4.3.5 Compassion**

As indicated in the empirical results, the situations of children orphaned through HIV and AIDS (Chapter 2) challenge the church to have compassion and respond to children’s grief. Compassion means love and mercy for a person in need; it is also deeply rooted in God’s covenant with his people. The meaning of this covenant is based on the relationship God has with his people (Thesnaar, 2010:9). God’s compassion for his people is clearly indicated in Scripture as the story of the Old Testament unfolds, and becomes a reality in God’s relationship with human beings. This is also based on God’s covenant with them and is acted out by Jesus Christ. His ministry to the ill, marginalised and others bears witness to his compassion for the people of God (Thesnaar 2010:9-10).

Jesus’ life therefore is a true model of the compassion of God for human beings. This is illustrated in Matthew 9:36: “When he saw the crowds, he had compassion on them, because they were harassed and helpless, like sheep without a shepherd.” Jesus’ heart was filled with compassion for all those who were suffering in any way. He reached out to sinners, to young and old, to rich and poor. Jesus is the ultimate example of selflessness, sacrifice and love. The church should be like this and is mandated to imitate Christ and to live a life of love – “Be imitators of God, therefore, as dearly loved children and live a life of love, just as Christ loved us and gave himself up for us as a fragrant offering and sacrifice to God” (Ephesians 5:1-2). Glen (1987:67) strongly believes that the church has been given the charge to continue Christ’s ministry of compassion for the sick, dying and for the suffering people. In other words, the church as an agent of God’s love is expected to show compassion to children orphaned through HIV and AIDS.

According to Louw (1998:52), compassion includes both empathy and sympathy. The Hebrew word for compassion is derived mostly from the root *rhm*, which means to have sympathy. It is also derived from the root *hnn*, which means to have mercy. Louw (1998:52) further states that God's profound sympathy, as revealed in Christ, should result in Christians reflecting the same profound compassion (Col 3:12). The compassion communicated by pastoral care is more than mere human sensitivity. Louw (1998:52) states that pastoral care as mediation of the Gospel's salvation, "communicates God the Father's emotional compassion as expressed in Christ's identification with our human grief." Consequently sensitive pastoral compassion is a reflection and portrayal of God's own intense pathos. The church therefore should be endowed with compassion and be the channel through which children orphaned through HIV and AIDS experience the steadfast love and compassion of God.

It is the responsibility of the church to minister to those in need, to bring the healing and comforting touch of Christ without partiality. Isaiah declares that "The Lord longs to be gracious to you; He rises to show you compassion" (Isaiah 30:18). The church can do no less. Compassion should compel the church to respond to the situation of children's grief in order to alleviate their suffering. God's overall view of caring with compassion for those who are suffering can be summed up in Galatians 6:10, "Therefore, as we have opportunity, let us do good to all people, especially those who belong to the family of believers."<sup>71</sup>

Gichinga (1999:67), like Louw, maintains that compassion is more than merely sympathising or having pity on someone. Compassion is being deeply moved by the suffering or trials of others to a point that one is compelled to act. In order to show compassion to children orphaned through HIV and AIDS, the church therefore should be available in such a manner that her presence is felt. Bowman (1998:122) states that the presence would give the mourning children an opportunity to express their feelings, thus accepting and hearing whatever feelings emerge. Empathy therefore is an essential feature of compassion.

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<sup>71</sup> [http://ag.org/wim/0904/0904\\_the\\_responsibility.cfm](http://ag.org/wim/0904/0904_the_responsibility.cfm) – 15<sup>th</sup> May, 2014.

Oden (1952:50), in describing empathy, argues that it is the process of placing oneself in the frame of reference of another and perceiving the world as the other person perceives it. He therefore shows its relevance in pastoral care and explains that incarnation means that God assumes a human frame of reference, entering into human situations and sharing the human condition even unto death. Empathy, according to Louw (2008:281), is the capacity to enter, understand and respond to another's frame of reference. Empathy invites free expression of one's feelings.

From the description provided by Oden and Louw of the term empathy, it may be concluded that God shares the pain and suffering of children orphaned through HIV and AIDS when they lose their parents. Furthermore, children have the opportunity to express their feelings to God. Expressing their feelings to God would help in healing their grief. The church is also called to represent God's mercy, compassion and love to children orphaned through HIV and AIDS in their suffering. Bonhoeffer's (1965:206) argues that the church is seen as a place where believers are given a chance to exercise God-like love, inspired by the Christ living in the heart of the believers through the Holy Spirit. In this regard, the Holy Spirit makes it possible for believers to do to their neighbours as Christ has done for them. In other words, showing compassion and love to the poor, sick, and suffering people.

The foregoing discussion on the hermeneutical approach to pastoral grief care indicates clearly that the church has the responsibility of assisting children orphaned through HIV and AIDS to cope and adjust to the death of their parents. In order to achieve this task, the church ought to employ models of pastoral grief care that are relevant in responding to children's grief and grief-related issues. Osmer refers to them as models of good practice (2008:152) which can help the practitioners of pastoral care in imagining how they might respond to children's grief in a better or different manner. Chapter 2 reveals that the church rarely pays attention to children orphaned through HIV and AIDS before, during or after the burial of their parents.

#### 4.4 Models of good practice towards pastoral grief care

Pastoral care is the art of communicating the inner meaning of the gospel<sup>72</sup> to persons at the point of their need (Wise, 1989:8). Benner (1992:8) states that pastoral care and counselling provides a good opportunity for the word of God to be applied to specific life experiences of the person seeking pastoral help. Thurneysen (1962:11) explains the basis of pastoral care, stating that theological textbooks unanimously place it within the discipline of practical theology. They affirm that pastoral care is concerned with proclamation because this is the proper subject of all practical theology. Thurneysen rightly believes that the whole task of theology must be understood as the doctrine of the Word of God.

Some theologians (Thurneysen, 1962; Louw, 1998; Bowman, 1998) believe that pastoral care is care for the soul of human being. Although pastoral care is particularly concerned with caring for the soul of human beings, it should also seek to provide holistic care, attending to all levels of children's needs such as health problems, financial problems, and social issues. Clinebell refers to this type of pastoral care as holistic pastoral care because it seeks to enable healing and growth in all dimensions of human wholeness (Clinebell 1984:26). Louw (2008:75) suggests that a holistic and comprehensive approach to healing includes the physical, psychological, relational, contextual and spiritual dimensions. Thus, pastoral care deals with the entirety of the human person (physically, psychologically, spiritually, socially, and morally). Pastoral care therefore ought to respond to children's grief situation employing the holistic view of life. According to Chapter 3, these dimensions of life are affected by grief; they also affect children's grief.

Pastoral care is an activity undertaken especially by representative Christian persons directed towards the elimination and relief of sin and sorrow and representing all people perfect in Christ to God (Gichinga, 2007:25-26). Louw (1998:71) comments that pastoral care should not be limited to theologians trained in the discipline of psychology (who are probably also academics from the higher middle class) because pastoral care then might become alienated from the needs and suffering of ordinary people. Therefore, pastoral care

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<sup>72</sup> The gospel is usually described as the good news of God's redeeming love as revealed in Jesus Christ (Wise 1989:9).

is not only practised by ordained pastors, but includes those who might not be ordained but who work within the church and are motivated to carry out the pastoral care function. Since most people have needs that need to be responded to by the church, pastoral care ought to be directed to all the people.

Lester (1985:36) points out that, when noting the amount of time expended in caring for children, it would seem that practitioners of pastoral care are likely to ignore the needs of the younger members of the flock. The empirical research (Chapter 2) affirms Lester's statement; it revealed that the church did not attend to children's needs when their parents died. Therefore, the needs of these children were not responded to. For this reason, Lester reminds the church that children are parishioners, just like adults, and they have a right to receive pastoral care. The church has a responsibility to be intentional in the pastoral care given to children by seriously considering their unique needs and experiences (1985:37).

In describing pastoral care, Clebsch and Jaekle (1975:32-66) claim that it is directed towards the healing, sustaining, guiding, and reconciling of troubled persons whose troubles arise in the context of ultimate meanings and concerns. Lartey (2003:62) is of the opinion that pastoral care also involves liberating, empowering, and nurturing people. These elements of pastoral care help practitioners of pastoral care to identify models of good practice that can be employed in responding to the situation of children orphaned through HIV and AIDS.

Osmer (2008:153) suggests that models of good practice offer congregations (the church) help in imagining how they might do things better or differently. As such, the focus of this section is not to spell out all the pastoral care elements cited above, but to focus on those that are particularly relevant in responding to children's grief situation. Chapter 2 revealed that children's grief is manifested in various forms - emotional, cognitive, behavioural and physical. However, the chapter also revealed that grief was complicated by grief-related issues. Pastoral care should therefore respond not only to the grief manifestation but also to the grief-related issues in order to attend to all levels of children's needs.

Thus, the discussion that follows focuses specifically on models of good practice that the church can use in responding to children grieving because of being orphaned through HIV

and AIDS. The models include healing; reconciliation; sustenance; and guidance. Clebsch and Jaekle (1975:33) in describing the models state that healing is a very complex function, touching upon a vast variety of arts and practices such as listening and being present. By contrast, sustaining is a largely self-contained and stable ministry; for the purpose of this research the sustenance model will focus particularly on practical help. Pastoral guidance as a ministry to bereaved children will aim at helping children to make decisions and wise choices. Reconciliation is mainly in the mode of forgiveness. Given this understanding, the discussions of the models will be examined in an attempt to respond to the situation of children orphaned through HIV and AIDS.

#### **4.4.1 The healing model**

Healing is a comprehensive concept and can be viewed as the healing of the physical body; healing of emotions; relational healing; and spiritual healing. The dictionary of pastoral care defines healing as the process of being restored to bodily, emotional wellbeing, mental functioning and spiritual aliveness (Hunter, Malony, Mills & Patton, 1990:497). Lartey (2003:62) argues that the art of healing entails those activities that facilitate the restoration sought for and it is hoped that such restoration will place people seeking help in better positions than they were before. The assumption is that the restoration achieves a new level of spiritual insight and welfare. Mwaura (cited by Waruta & Kinoti, 2000:8) argues that healing is one of the pastoral care responsibilities and states that the church must respond to the needs of suffering people by alleviating their suffering and enabling the realisation of God's Kingdom. Uka (cited by Lartey, Nwachuku & Wa Kasonga, 1994:146), in writing on Christ's healing ministry, argues that the gospel reveals that Jesus was very sensitive to every form of human suffering and need. When he saw people suffering he was moved by compassion and attended to all who asked for help.

To assist children orphaned through HIV and AIDS in the healing process, the main role of the church is to be present and available for them. Lester (1985:50), in exploring what is expected of a Christian pastor, suggests that it is being present as God's representative in times when people are going through stressful moments in life. In doing so, the pastor can help suffering people make spiritual sense out of their sufferings. Lester is of the view that children have a right to this same ministry (1985:50). The primary prerequisite for this

ministry with the children is that of loving them and be willing to get involved with them in a useful and valuable way.

Lester (1985:65) emphasises that the presence of the church is necessary if she wants to be significant in the lives of the children. Wells (1988:97) rightly states that presence and honesty are a good start in helping children heal emotionally. The presence of the church and her involvement with the children could provide hope and comfort to bereaved children who might be confused and helpless. The presence of the church during the bereavement period lays the foundation for the ministry of comfort. The presence and activities of the church therefore ought to be channels through which compassion, love and support are available as part of the healing process.

Home visitation is one way of ensuring that the presence of the church is felt before and after the funeral and these visits could be made when most of the family members are present. Oates (1976:63) rightly believes that the “home visit is itself a rite of reincorporation and re-entry” for the bereaved who are often depressed, thus lacking in initiative to reach out to the community. This means that bereaved people should be reached out to. Visiting the bereaved communicates to them in the strongest possible terms that the church cares. Sullender (1985:139) affirms that pastoral visitation is an important and valuable tool which should be used. According to Sullender, pastoral visitations should not end with the funeral; post funeral visitations to the family should be made after a few weeks or two months (1985:139). It is during these visitations that the church has the opportunity to assess and attend to the needs of children orphaned through HIV and AIDS. These needs can thwart children from experiencing a sense of wellbeing and, consequently, make them feel hopeless and helpless. Needs may include placing them in children’s homes or integrating them in the community.

However, the initial concern of the church after children lose their parents is to focus on facilitating the healing process through allowing the bereaved children to express their feelings (Talitwala, 2002:49). However, the empirical research (Chapter 2) reveals that the majority of the participating children had not been provided with the opportunity to express their emotions and feelings. In fact, as reported by one of the participants, people (adults)



think children are not affected by the death of their parents. In this regard, the church must acknowledge children's capacity for feelings and emotions. The church should provide a safe environment for feelings to be described, felt and discussed without fear of disapproval.

Scholars recommend that bereaved people should be encouraged to express what they feel and should be provided with the opportunity to cry as this facilitates the healing of emotions (Sullender, 1985:85; Wells, 1988:4; Wright, 1996:120; Talitwala, 2002:49). Oates (1976:41) explains that tears indicate a physiological response of the whole body to the experience of loss. He states that there are people who do not cry at viewing the body of a deceased loved one, either at the mortuary, at the graveside or even when news of death is announced. These people are normally regarded as the 'kingpins' of the family system. However, emotions sooner or later overcome them as grief in one way or another. For this reason, post-funeral ministry is very necessary for children orphaned through HIV and AIDS.

Oates argues that some bereaved people express feelings in the form of complaining, hostility, and hatred towards God. The Psalms are full of complaints and prayers. Hannah, who could not have children, told Eli that she was "pouring out her complaint before the Lord" (1976:42). Based on this understanding, the church should allow grieving children also to pour out their complaints to God in order to provide emotional healing. The children should be given the opportunity to freely express their feelings about things as they see them. It would be unnecessary for the church to defend God; this would communicate to the grieving children that it is shameful to attack God (Bowman, 1998:125). In this context, the most the church can do is to pray for the children as the Christian belief is that God hears and answers prayers. Oates (1976:42) affirms that he, too, prays for the bereaved and he presents the manner in which he conducts his prayer, arguing that he "often affirm[s] their feelings by giving thanks to God for being the kind of God who can hear with understanding not only our praises and thanksgiving, but also our complaints of injustice and our laments of insensitivity, yet not destroy us."

The church can also help grieving children by giving them emotional and spiritual support and at times comforting them by a physical touch. This is because spiritual and emotional support is can be communicated by touch. Bowman (1998:16) warns that physical touch should not be practised excessively. The physical touch in the case of children orphaned through HIV and AIDS would mean that the church might have to hold the children and allow them to sit on the laps. This communicates to children orphaned through HIV and AIDS that the church cares and accepts them, despite the fact that other people might be isolating and stigmatising them because of their association with the death of their parents.

It is crucial to be reasonable with children orphaned through HIV and AIDS as one way of participating in healing children's grief. The church might be the only people who can deal realistically with the children orphaned through HIV and AIDS. Lester (1985:56) strongly believes that, in so doing, the church would be representing the God who sees the world as it is, who knows the truth and responds to it. When children realise that the church deals with things as they are, this can enable them to trust the church and the one whom the church serves. This is because children will have found an adult they are able to trust, and feel accepted. Lester (1985:61) states that it is in this relationship they are likely to ask questions from a religious viewpoint; share the heaviest doubts; and be able to express the biggest fear. Therefore the main objective of the church should be to help children gain accurate information, to get involved with them as they interpret their grief and help them understand the situation they are in.

Sometimes children orphaned through HIV and AIDS might require specialised care as part of pastoral care. Lartey (2003:55-59) points out that pastoral care could be used as therapy to help in the healing process. Under this model, the task of the practitioner of pastoral care is to remove or correct what may be wrong and in some way return the children to functioning order. Louw (2008:563) strongly believes that one of the goals of providing pastoral grief care and counselling is to facilitate the process of grief with the aim of helping the mourner to deal with both the expressed and the covert affect. This means that the practitioners of pastoral care have to be good listeners. Lester (1985:47) is of the view that when the church responds accurately by listening carefully to children and attending to their needs, concerns and questions, children can begin to get the message that

God listens and responds. As a result, children learn to communicate with God, believing that God cares and is both able and willing to participate in their lives.

In emphasising the need for the church to be a good listener, Lester illustrates this idea from the perspective of a good friend. He states that a good friend listens attentively and caringly as the person struggles to conceptualise and communicate innermost thoughts. However, it is significant to note that children find it difficult to converse with adults, and even less easy to share their intimate thoughts. This is because children learn early that some words and ideas can threaten adults; they therefore learn to keep quiet or censor what they say (1985:47). Such children are likely to retain unresolved experiences of grief and this can cause them to experience distress, as well as inability to adjust to the loss of their parents due to their death (see Chapter 2).

To help children to verbally express feelings that are difficult to deal with, art therapy<sup>73</sup> could also be used. In art therapy, children draw pictures and colour them and these provide a window through which the therapist can observe children's innermost thoughts and feelings. Drawings and paintings of young children between six and twelve years of age are not just expressions of creative talent but symbolic representations of their personal view of the world. Simply because pictures are symbolic, they possess the power to tell things that the child may be unwilling or unable to put into words.

Play therapy can also be used at times to help children recover from grief. In play therapy, the child's natural means of expression is used as a therapeutic method to assist the child in coping with emotional stress or trauma. It has been used effectively with children who have a normal understanding level of three to twelve years old. By playing with specially selected materials, the child plays out his or her feelings, bringing hidden emotions to the surface where she or he can face them and cope with them (Geldard & Geldard, 1999:85-156). It is worth noting that healing of grief in children orphaned through HIV and AIDS

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<sup>73</sup> Art therapy involves giving expression through art to children's mental impressions of emotions concerning what is important to them. In art therapy, children are given the opportunity to draw and paint. A child's picture can tell much more about him or her than words. The choice of objects, preference for a particular colour, the use of space and shading, the way images are positioned in the page and details that are included or left out help in understanding the child's emotions, feelings and relationships. This concept will be discussed in Chapter 6 of this study.

may not follow an even course. The grieving children could have good days, or even weeks or months, only to experience a period of difficulty again (Estadt, Blanchette & Compton, 1983:246). Cues such as anniversaries or the remembrance of the good things the deceased person used to do trigger emotional disturbances which are normally expressed through tears. The healing of emotional disturbance is one of the goals of pastoral grief care and counselling of children orphaned through HIV and AIDS. However, pastoral grief care and counselling should not be viewed from the perspective of healing only, but as indicated above pastoral care can also focus on sustaining children orphaned through HIV and AIDS.

#### **4.4.2 The sustenance model**

The art of sustaining is linked to the capacity to accept what cannot be changed and adopt a realistic stance in life. Sustaining is not about negative resignation, however, about legalistic acceptance and drawing strength and support from existing resources (Louw, 2008:76). Thus, to be sustained is to find strength and support from within and without, to cope adequately with what cannot be changed. Lartey (2003:64) states that sustenance has to do with a transformation of situations by traversing through it. The church therefore should give support to those who are hurting such as children orphaned through HIV and AIDS, not by promising a favourable outcome or better times, but by enabling and facilitating coping mechanisms. In other words, the church ought to provide support for people who are undergoing pain and suffering.

Lartey (2003:63) makes it clear that, when death has occurred, “no amount of denial, natural as it is, is going to reverse it.” For this reason, he argues that it is in such circumstances that the art of sustaining is called for. Clebsch and Jaekle (1975:44) echo Lartey’s assertion when referring to their culture. As cited above, they identify bereavement as an event freighted with danger and consider bereavement an important event for a sustaining ministry. According to them the task of sustaining is operative in any situation where the “sense dominates that all of life is running downhill.” Bongmba (2007:52) suggests that the church should offer pastoral care to hurting and suffering people irrespective of who they are, as long as they share with the church the image of God. The role of the church is to love and to serve other people and make their lives meaningful.

Bongmba (2007:60) suggests that such love at the time of HIV and AIDS cannot be cheap love, but a generous and sacrificial love that reaches and touches those who are created in the image of God, yet are infected or affected by HIV and AIDS. Howe (1995:144) rightly believes that people in every kind of loss expect and deserve a sustaining presence from their church that comforts them in their sadness and provide practical help in order to strengthen them for life. Howe's declaration has implications for pastoral care to children orphaned through HIV and AIDS. The empirical research (Chapter 2) indicates that these children have been in very distressing situations after the death of their parents. As cited in Chapter 2, some of them had to engage in income-generating activities and take care for their younger siblings. Thus children found their roles changing from children to primary caregivers. Older children had to take on the parenting of younger siblings and the resultant loss of childhood had serious implications for formal childhood development (Chapter 2, Chapter 3).

Based on the above understanding of the needs of children orphaned through HIV and AIDS, the main objective is to provide support for essential material such as food, clothing, school fees, levies, school uniforms, shelter, medical fees and books. However, as discussed earlier in this chapter, a holistic and comprehensive approach in responding to children's grief situation is necessary. This could enable the church to respond to children's grief experiences as well as the grief-related issues. Thus, pastoral grief care for these children would involve helping them to adopt a realistic approach to life and draw strength and support from existing resources (Louw, 2008:76). Children therefore will have to make decisions that can help them deal with their life challenges. Some decisions to be made (for example, whether to move to a relative's home or not) are difficult for children, therefore children need a caring adult for guidance.

#### **4.4.3 The guidance model**

Guiding focuses on the ministry of the cure of souls that arrives at some wisdom concerning what people ought to do when they are faced with the difficult problems of choosing between various courses of thought or action (Clebsch & Jaekle, 1975:49). According to Lartey (2003:65), guiding is about enabling people, through faith and love, to draw out that which lies within them. This is not to deny the sharing of information and offering of ideas

and views - a position that inexperienced 'non-directive' counsellors assume in their interaction with their clients – “rather it is to do with leading people to the threshold of their mind.” Clebsch and Jaekle (1975:49) therefore argue that people are assisted to make confident choices between alternative courses of thought and action when such choices seem to be affecting the present and the future state of the soul. Based on the above understanding, guidance enables and empowers people to make decisions.

As the most energetic and productive members of the family die from HIV and AIDS, grandparents become the only hope in support of the children left behind. Grandparents are usually illiterate, and do not have the space to manage the large numbers of orphans; they have a shortage of resources; lack food; and are ignorant about their rights. At times, children are left on their own in child-headed households with no one to care or help them prepare for life and making wise life choices (Muindi *et al*, 2003:28). Garland and Blyth (2005:264) make it clear that it is not easy for children to head a home. They need guidance to help them make wise choices in life and such guidance would help bereaved children to move on with their lives. Therefore the role of the church is to help children orphaned through HIV and AIDS to make appropriate choices.

Lester (1985:47) warns that, if children do not receive pastoral care during a stressful event such as bereavement, the emotions might be suppressed and their impact denied. He argues that children can arrive at many conclusions about the nature of God and God's way of relating to people. Without careful pastoral guidance, children are likely to develop inappropriate images of God and they might think that God is angry, uncaring or mean. Lester (1985:49) is concerned that, if such children do not receive help, the unresolved and distorted aspects of the crisis might continue to plague them throughout childhood and into adulthood. Thus, offering pastoral guidance to children orphaned through HIV and AIDS before and after the burial of their parents may prevent a lifelong devastating effect on their emotions and spiritual health. Reconciliation is also an important aspect in helping these children experience emotional and spiritual healing.

#### **4.4.4 The reconciliation model**

Reconciliation involves bringing people together in ways that are respectful of their differences. Reconciliation seeks to re-establish relationships that have been broken between man and fellow man and between man and God. Clebsch and Jaekle (1975:56) argue that, in its pastoral connotation, the “ministry of reconciliation” means helping alienated persons establish or renew proper and fruitful relationships with God and their neighbours. Thus, reconciliation is a functional and relational issue affecting human beings. On the other hand in Christ’s work of reconciliation there is a transforming power, which enables people to act differently and thus change surrounding circumstances. This truth should be acknowledged in a pastoral anthropology (Louw, 1998:137). According to Thesnaar (2011:2) reconciliation is about restoring relationships and thereby laying the foundation for redressing the injustices of the past. It is a deeply transformative process with a focus on healing for the individual, community or nation. It challenges everybody involved to start on the journey towards transformation and reconciliation realising that no guarantees can be given in this endeavour.

Louw (2008:75) believes that reconciliation is achieved through forgiveness and unconditional love. Clebsch and Jaekle (1975:56) maintain that forgiveness can be a proclamation, or an announcement, or even a very simple gesture indicating that, “in spite of the walls of pride and hurt which separate and alienate men, something has occurred to re-establish and reunite persons to each other and indeed, to God.” Smedes (cited by Aden & Ellens, 1988:79), explaining the importance of forgiveness from a Christian perspective, argues that when people forgive, whether children or adults, they experience freedom. He adds that people who walk in step with God to set the prisoner free discover that the prisoner they have set free is themselves. Consequently the person who forgives experiences emotional and spiritual healing.

Forgiveness thus is the intentional and voluntary process by which a victim undergoes a change in feeling and attitude regarding an offense and letting go of negative emotions such as vengefulness, anger, and hurt with an increased ability to wish the offender well. In this regard, forgiveness means resolving to live with the consequences of another

person's sin (Anderson, 2000:200). True forgiveness is a transforming and liberating act of God, "which is exercised through the liturgical life of the church and its members." Christians therefore should embody the wholeness of the Gospel through mastering the art of forgiveness and moving away from the judgmental approach (Louw, 1998:414).

The empirical results revealed that forgiveness is an important spiritual component that helps to heal the brokenhearted, especially when a person is hurting (see 2.4.1.1.4). In other words, forgiveness is a power promoting renewal and transformed behaviour. The person can act differently in love because of the new dimension of reconciliation and peace. According to Louw, forgiveness should be an unconditional investing of grace in another. In pastoral care and counseling, the practice of forgiveness implies accepting God's unconditional grace through faith and setting the other person free (1998:412). Forgiveness is not simply a matter of forgetfulness, repression or suppression. Rather, forgiveness presupposes repentance. It is complex and can be very difficult to achieve. Forgiveness may be related to power, love and justice in concrete situations in order to be meaningful (Smith & Riedel-Pfaefflin, 2008: 295-316).

In the New Testament, Jesus speaks of the importance of Christians forgiving or showing mercy towards others. Jesus used the parable of the unmerciful servant (Matthew 18:21-35) to say that we should forgive without limits. The parable of the prodigal son is perhaps the best known parable about forgiveness and refers to God's forgiveness for his people.<sup>74</sup> Forgiveness is not an option to a Christian; rather one must forgive to be a Christian. Anderson (2000:198) strongly believes that forgiveness is required of all Christians who desire to be like Christ. This is well illustrated by Paul when he wrote: "Get rid of all bitterness, anger, brawling and slander, along with every form of malice. Be kind and compassionate to one another, forgiving each other, just as Christ God forgave you" (Eph. 4:31, 32).

The act of forgiving therefore links the 'guilty' person and the forgiver through reconciliation. Reconciliation is particularly necessary when children orphaned through HIV and AIDS encounter profound stigma, rejection and discrimination (see 2.4.1.2.6). Children are separated from their peer groups and this robs them an influence crucial to

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<sup>74</sup> <http://wikipedia.org/wiki/Forgiveness> – 15<sup>th</sup> May, 2014



their ongoing identity development (Chapter 3). Moreover, the Chapter also revealed that children experienced broken relationships. This necessitates the restoration of right relationships with other people.<sup>75</sup> The church's role therefore is to assist these children to forgive people in order to restore the broken relationships. The church will not only be facilitating reconciliation but also assisting the children to go through the grieving and mourning process in order to cope with and adjust to the death of their parents.

Pastoral grief care for children orphaned through HIV and AIDS thus adopts the above models which do not only address grief experiences but also grief-related issues. The pastoral care position is that, for the children to experience recovery from grief, grief experiences and grief-related issues must be responded to.

#### **4.5 Conclusion**

This chapter has engaged in an exploration of the theological perspectives on grief care to children orphaned through HIV and AIDS within an African (Kenyan) setting. The chapter is divided into three sections. In the first section, the purpose was to establish the usefulness of pastoral anthropology in grief care. Thus, the goal was pursued through exploring the three fundamental elements of theological anthropology (created in the image of God; function of Christology; and the function of Pneumatology). The discussion of the three anthropological elements highlighted valuable information about the character of being human and essential qualities possessed by human beings as created by God. It was noted that children orphaned through HIV and AIDS, like adults, possess human dignity. This information, as well as that discussed in section 4.2, is crucial for this study because it could determine how the church responds to children orphaned through HIV and AIDS.

The second section focused on offering a guide to how pastoral care within an African (Kenyan) setting ought to be provided. The chapter established that a hermeneutical approach to pastoral care is imperative. It was argued that goals are essential if pastoral care is to be helpful, as goals guide interventions. It was also noted that goals are set

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<sup>75</sup> According to reports from children's these people had complicated children's grief. For example, due to being associated with the death of their parents, some children could not share toilets with their neighbours (Chapter 2).

according to the presenting situations. Given this understanding, the hermeneutical approach needs to focus on being contextual. Thus, the eco-systemic and intercultural approaches were explored. The discussion on the eco-systemic approach ascertained that the sub-systems that form the eco-system play a crucial role in the rearing of African children. Given this understanding, the sub-systems ought to be incorporated in responding to situations of grieving children. The discourse on the intercultural approach established that theologians need to understand bereaved children's cultures in order to provide grief care within an African (Kenyan) context. This is because culture encompasses the entire life of African people and therefore affects children's grief.

In order to respond to children's grief, rituals and symbols are necessary. It was proposed that pastoral care could implement cultural and Christian rituals as well as symbols in grief care. However, pastoral care needs to be guided by basic virtues in spirituality. Compassion was established to be a key virtue towards pastoral care to children orphaned through HIV and AIDS. Compassion displays the virtue of unconditional love and willingness to become involved in a sensitive manner.

The discussion in the third section established that pastoral grief care models are relevant in responding to the situation of children orphaned through HIV and AIDS. It was argued that models of good practice are necessary if the church has to provide helpful pastoral care to Kenyan children orphaned through HIV and AIDS. The first was the healing model which provides children with the opportunity to express their feelings and emotions. It was ascertained that good listening habits could enable children to express themselves. The section also established that children could experience emotional healing through the presence of the church as such presence shows that the church cares and, as mentioned earlier (Chapter 3), lays the foundation for the ministry of comfort. The discussion on the healing model also highlighted instances when bereaved children express hostility towards God, and in such instances, God should not be defended by the church. Instead children should be provided with the opportunity to express their feelings and emotions freely.

The second model is the sustenance model; a model that points to the fact that children ought to be loved and provided with practical support. It was noted that sustaining ministry

should be offered to bereaved people. In other words, children expect the church to sustain them in order for them to cope and adjust to the death of their parents. The third model is the guidance model. It was noted that guidance can help in empowering and enabling children to make decisions. In the final model, reconciliation is presented as helpful in the building of relationships between children and other people. The discussion on this model argued that forgiveness should be implemented towards reconciliation. Reconciliation was ascertained to be crucial for children orphaned through HIV and AIDS; broken relationships between children and 'other people' need to be restored through reconciliation. The four models of good practice help in responding to the children's grief. The goal was caring for their souls as well as enabling them to cope with loss and adjust in an environment without their parents.

Having presented the pastoral theological perspective towards grief care for children orphaned through HIV and AIDS, the next chapter presents the endeavour to offer a pragmatic response to the grieving children's situation.

## **CHAPTER 5**

### **CARING FOR CHILDREN ORPHANED THROUGH HIV AND AIDS: A PASTORAL INTERVENTION STRATEGY**

#### **5.1 Introduction**

Various approaches that aid in understanding the grief of children orphaned through HIV and AIDS are discussed in the preceding chapters. The experience of grief was delved into in depth in Chapter 2. The empirical results indicated that children's grief is manifested in various ways including emotional, behavioural, cognitive, spiritual and physical. The results also revealed that children also experience grief-related issues which tend to complicate their grieving process. The results further indicated that, although children do experience grief and grief-related issues when their parents die from HIV and AIDS, the church rarely pays attention to such children.

Chapter 3 affirmed that children's development is affected if their grief is not responded to adequately. This is because childhood grief and development are interdependent. It has been noted that the death of parents affects children's development and in turn children's development affects their grief. Given this reality, the time has come for the church to rise up and respond to children's grieving situation. Chapter 4 stated that a pastoral theological perspective is imperative in order to respond to children's grief. The chapter proposed that a thorough understanding of theological anthropology is crucial in pastoral care. Theological anthropology helps to interpret people in relation to God. The way the church understands this relationship will determine how she responds to children's grief.

It was argued that pastoral care should employ a hermeneutical approach to grief care. The hermeneutical approach involved exploring the eco-systemic and the intercultural approaches which may assist in pastoral care in responding to situation of children's grief within a Kenyan context. It was noted that rituals and symbols, as well as compassion, are imperative for pastoral grief care within the particular context. It was also stated that pastoral care to children orphaned through HIV and AIDS should employ interventions that focus on healing, reconciling, sustaining and guiding. The interventions should be

guided by goals that focus on helping bereaved children to grow spiritually and to cope and adjust in an environment devoid of parents.

This chapter focuses on presenting a pastoral intervention strategy in response to children in situations of grief. The proposed pastoral intervention strategy is based on findings from the empirical research in relation to the theory reported in Chapters 3 and 4 of this study. Thus, the proposed pastoral intervention strategy has the hermeneutical, eco-systemic, and intercultural approaches as stated in Chapter 4 as its point of departure. The strategy is intended to be used by the church, particularly by pastors, Sunday school teachers and children's ministry workers trained in ministering to bereaved children. The strategy should be used before, during and after the burial of the parents of such children. This will ensure that children's grief and related issues are responded to in the best way possible.

In order to present the pastoral intervention strategy, a discussion of the findings from the empirical research (Chapter 2) will be presented first. It should be noted that this discussion links the findings with literature from Chapters 3 and 4. Furthermore, the discussion forms the basis for the pastoral intervention strategy. The discussion of the data analysis will be followed by the presentation of the pastoral intervention strategy. The chapter therefore fits into the fourth objective of this research, which will be undertaken to present a pastoral intervention strategy that the church may use to respond to grieving children orphaned through HIV and AIDS in Nairobi City County, Kenya.

As mentioned in Chapter 1 (Section 1.6), the pastoral intervention strategy hinges on practical theology and a pragmatic task as presented by Osmer (2008:4). Osmer urges theologians working within the discipline of practical theology to focus on responding to people's problems. This can be achieved by determining strategies of action that influence desirable outcomes. In the context of this study, the pastoral intervention strategy is organised in three sections. The first section focuses on presenting interventions that can be used by the church<sup>76</sup> to provide grief care to children orphaned through HIV and AIDS before the burial of their parents. The second section presents interventions focused on grief care for children on the day of the burial. The third section proposes interventions that

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<sup>76</sup> The term is defined in Chapter 1 (Section 1.11) of this research.

are focused on caring for children orphaned through HIV and AIDS after the burial of their parents. The chapter finally culminates in a conclusion.

## **5.2 Discussion of data analysis**

This research endeavoured to provide a view of the grief of children orphaned through HIV and AIDS and how the church provides them with grief care when they have lost their parents through HIV and AIDS. In order to realise this objective, empirical research was conducted. Focus group discussions were held with 45 children. The children's data were recorded, transcribed and then translated from the Kiswahili language to the English language for ease of analysis. The transcribed texts were loaded onto the ATLAS ti. (2004) programme which is specifically designed for qualitative analysis. To understand how the church provides grief care to children, four pastors were interviewed by means of open-ended questions posed in a semi-structured format. Data from these interviews were transcribed and also loaded onto ATLAS ti. (2004) programme. For more details on the research methodology see Chapter 2, section 2.3. The discussion of the data analysis focuses on two key areas namely:

- i. Analysis of children's data.
- ii. Analysis Pastor's data.

### **5.2.1 Discussion on analysis of children's data**

On completion of the analysis of the children's data, three code families emerged, namely grief experiences, circumstances of bereavement, and types of orphanhood. As mentioned earlier in this chapter, this discussion is based on empirical findings and their correlation with theory as presented in Chapters 3 and 4 of this dissertation. Grief experiences are discussed first, followed by the discussion of the circumstances of the bereavement and finally the types of orphanhood.

#### **5.2.1.1 Discussion on grief experiences**

The death of parents causes children to experience grief. Herbert (1996:2) describes grief as "a mental wound" that heals slowly and leaves scars. In this research, children's grief experiences were emotional, behavioural, cognitive, spiritual, and physical. In some

situations, participants reported more than one grief experience. These experiences are separately discussed below.

#### ***5.2.1.1.1 Emotional grief experiences***

Children mentioned several emotional experiences which in some cases were embedded in other grief experiences. Participants occasionally experienced more than one emotion. The following discussion provides the ranking of emotions from the most common to the least common, with exceptions where various emotions are ranked together.

##### **a) Feelings of sadness**

According to the empirical research, the most common emotion experienced by the participants was sadness. In some situations, sadness was experienced together with other emotions of grief as well as other grief experiences, the most common being behavioural grief experiences. The majority of the participants who were overwhelmed by grief expressed their sadness through crying. One child said that when his grandmother asked him why he was crying, he did not respond. As discussed in Chapter 3 (Section 3.3.8), this is one of the ways in which children hide their sadness. When they do respond, they often say that they are not crying over the loss but for other reasons.

From an African context, hiding feelings could be the result of children's upbringing. Boys from a very early age are brought up with the belief that they are not supposed to cry or show any form of emotion (cf. Chapter 3). As such, the boys, when they do cry, hide or might choose not to respond to questions asking them why they are crying. It is interesting to note that the participant who did not respond when asked why he was crying was a boy (cf. Chapter 2, Section 2.4.1.1.2). Although boys hide when they are crying, men control their tears; when they are unable to control their tears, they move away from the crowd. African men more often than not do not cry, at least not in public, since crying is regarded as a sign of weakness (cf. Mbiti, 1991:121).

However, as discussed in Chapter 4 (Section 4.4.1) of this dissertation, bereavement can be very overwhelming and bereaved children should be allowed to express their feelings in whichever manner they prefer, as this would help in relieving the emotional stress. Children therefore should be provided with love and sensitive care shown through

embracing them and through praying with and for them. In other words, the church's presence and its involvement with the children could offer comfort to them and make grieving more bearable. The church's presence in such situations lays the foundation for the ministry of comfort.

#### **b) Feeling awful**

Like sadness, feeling awful was experienced by many participants and was ranked second among the emotional experiences. Feeling awful was mainly associated with lack of financial support. Although all children who participated in this study had guardians who supported them, the majority of the guardians were unable to meet the children's basic needs such as education, school fees, proper shelter and adequate food. Feeling awful also stemmed from children's thoughts about not having parents and from the physical abuse some children endured from their close relatives (Section 2.4.1.1.1). It seems, therefore, that the awful feelings were caused primarily by the circumstances following bereavement and not just by the death of their parents. As such, when providing grief intervention, the circumstantial factors should not be ignored.

The church normally facilitates coping mechanisms for those who are hurting through the art of sustenance (Chapter 4, Section 4.4.3). In this regard, based on the circumstances following bereavement, children need practical support. This, however, is not a tedious task, as the eco-system can play a significant role in helping the children to cope. As discussed in Chapter 4 (Section 4.3.3), the systems in the eco-system play different roles towards the rearing of children, therefore they can work together in meeting children's needs.

#### **c) Feelings of loneliness**

Loneliness was experienced when participants were faced with reminders of the death of their parents. The research revealed that the majority of the children who said they experienced loneliness were not young when their parents died. It is therefore likely that a bond of affection had been established between the children and their parents. As indicated in the discussion on the grief process in Chapter 3 (Section 3.3.1), the most intense emotions arise during the formation, the maintenance, the disruption and the



renewal of attachment relationships. The discussion in Chapter 3 (Section 3.3.8) on grief experiences affirms that loneliness is based on relationships and therefore has a social perspective. The major problem of loneliness is that it is heavily burdened with feelings of helplessness. In the context of this study, helplessness is likely to stem from the fact that there is nothing bereaved children can do to bring their parents back to life. Louw (2008:65) revealed that helplessness is an experience of depression and is one of the viruses that endanger spiritual health (Chapter 3).

From the above discussion, it is noted that loneliness is triggered when relationships are disrupted or broken. To help children deal with this emotion, the presence and availability of supportive people are necessary. This research suggests that the eco-systemic approach can play a significant role. This is because the systems in the African context as presented in Figure 4.1 are expected to nurture and participate in children's wellbeing.

#### **d) Feelings of anger**

Whenever anger was expressed, it was directed at other people and God. Anger was linked to rejection, discrimination, being ignored and remembering the deceased parents. Some of the main reasons for children getting angry were that they felt they were not being treated fairly and that some of their rights had been violated or were being violated. In this study, anger at one point was experienced with attribution of blame and, in another case anger was displayed when a child ran away from home. Anger seems to be a common emotion among orphaned children. Similar studies have also found that orphaned children experience anger after losing their parents (Chapter 3, Section 3.3.8).

Although children's parents died because of AIDS-related diseases, this should not be the basis for the society to reject and ignore the children. Bereaved children, like all other human beings, are created in the image of God and thus possess the human dignity bestowed on them by God. Their dignity, like that of other human beings, is created dignity and it is not based on any human worth, individual merit or accomplishment. Human dignity is a crucial part of every human being and it is an intrinsic quality that can never be separated from other fundamental aspects of the human person. As indicated in Chapter

4 (Section 4.2.1) of this study, human dignity has its own basis in the loving act of God the Creator who summons creatures into being and bestows life upon them.

#### **e) Feelings of blame**

The empirical results presented in Chapter 2 (2.4.1.1) indicate that feelings of blame were directed at God; participants asked why God did not protect their parents from death. Some of the participants seemed to have some knowledge of God; they indicated that God did not care or did not love them. Blame was also directed at various persons. In one case a child believed that their parent had been bewitched<sup>77</sup> and therefore caused to die. This occasioned feelings of blame towards the perpetrators, perceived or otherwise. According to Kiriswa (2002:24), many African traditional communities still believe that illness or sickness never occurs without an intermediating force. They are convinced that a human agent is always the cause of sickness. The findings of the empirical research further reveal that African children at a very early age are taught the African cultural beliefs, norms and values and the following statement from one participant presents how African cultural beliefs are passed on from parents to children:

I used to live with both my parents; then one day our neighbours who did not get along with my parents visited us and bewitched my father. They said that our home would split up and that my father's attention would be split and scattered, and so would his family. Shortly after this, my father became very ill and then he died. I did not see these people but that is the story my mother told me; that our father was bewitched by people who did not wish us well (Chapter 2).

In light of the above, the relationship between children and God and children and other people seems to have been broken. Therefore reconciliation is crucial. Clebsch and Jaekle (1975:9) revealed that reconciliation can be useful in re-establishing relationships that were broken. This becomes possible through forgiveness and unconditional love.

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<sup>77</sup> The belief of bewitchment is found in the majority of African societies. This is the belief that someone has used evil powers against another. Mbiti (1991:168) is of the opinion that there has to be a reason why one person bewitches another. Bewitchment, according to him, is normally reported mostly among relatives and neighbours. A stranger would scarcely bewitch another stranger.

**f) Missing the parents and hurt feelings**

The empirical research (Chapter 2, Section 2.4.1.1.1) revealed that children missed their parents when they lacked parental care or saw other children with their parents. Again, children experienced feelings of hurt when they felt that their needs were not catered for due to whatever reason. Feeling hurt mainly stemmed from the fact that children did not have their parents. Basically, the prominent need expressed by the participants seemed to be that of broken attachment. To respond to this need, the availability and presence of the church is necessary, as the church can serve as an alternative channel for attachment. Bongmba (2007:52) is cited in Chapter 4 of this study to show that the church is called upon to serve people and make their lives meaningful. The church should respond to the children with love and such love at the time of mourning cannot be cheap love, but must be a generous and sacrificial love that reaches and touches those who are created in the image of God although affected by or infected with HIV and AIDS.

**g) Hate feelings**

Where hate was reported, it was mainly directed towards relatives by whom the children felt mistreated. However, in one case, hate stemmed from the belief that the child's father had died as a result of being bewitched. Consequently, hatred was directed at the person believed to have caused the death of the father by bewitching him. The empirical results reported in Chapter 2 (Section 2.4.1.1.1) also indicated that the child believed that what had been done to her father was morally wrong. One common feature among the three participants who said they experienced hate is that something that children considered to be wrong had been done to them. As discussed in Chapter 3 (Section 3.2.6) of this study, children normally adopt their parents' moral standards. Mbiti has argued that morals are rooted in a person's system of behaviour and conduct (cf. Mbiti 1991:174).

It is apparent from the above discussion that feelings of hate can result in broken relationships. For the relationship to be restored, children should be encouraged to forgive so that reconciliation as well as emotional healing can take place. Malony and Augsburg (2007:53) rightly believe that forgiving is both a means and an end in healing interpersonal injuries. It helps with working through obstacles to opening up the relationship and making

contact with the offending parties. When people forgive they think that they are setting the offender free, only to discover that the prisoner they have set free is themselves (cf. Chapter 4). Most importantly, children orphaned through HIV and AIDS will have been healed and set free from feelings of hate.

#### **h) Feelings of pain, sorrow, fear and being neglected**

The findings from the empirical research (Chapter 2, Section 2.4.1.1.1) indicate that pain and sorrow were linked to children's loss of parents. Fear was experienced when one child was left alone at home by the aunt who had travelled upcountry. One child felt neglected by the church when the church visited the family. Although feelings of pain, sorrow, fear, and being neglected were reported by few children, these feelings cannot be ignored. This is because they are very distressing and can trigger other experiences of grief.

##### ***5.2.1.1.2 Behavioural grief experiences***

The experiences of grief that resulted in behavioural problems among the children manifested in various ways such as running away from a relative's home due to physical abuse, withdrawing from other people, lack of sleep, and crying when remembering deceased parents. In several instances, behavioural experiences were coupled with various emotions of grief. One child reported that she ran away from the aunt's home and expressed feelings of hate and anger towards her aunt, as well as feeling awful. Running away for this child satisfied her need to get away from the environment in which she was being physically abused by her aunt (Chapter 2, Section 2.4.1.1.2). It is noteworthy that the behaviour did not seem to have come from an impulsive desire to get away; rather, it was a conscious decision.

The most common behaviour was crying and since crying is an expression of sadness, it can be assumed that when a child cries he or she is sad or depressed. According to the researcher's observations during data collection and indeed from statements from the participants, crying as a result of the death of one or both parents was a dominant grief experience (Chapter 2, Section 2.4.1.1.2). Chapter 4 (Section 4.4.1) of this study revealed that tears relieve emotional stress leading to emotional healing. Therefore, it can be

concluded that the focus group discussions served as a therapeutic opportunity for the bereaved children to experience emotional healing.

Emotional healing can also be facilitated by the church. Chapter 4 further indicates that bereaved children should be encouraged to express their feelings and they should not be stopped from crying, as it facilitates the healing of painful emotions. Therefore the role of church members is to ensure that they are available and willing to listen to the narratives of bereaved children relating their grief. Wells (1988:99) has indicated (Chapter 4 of this study) that church members should be good listeners.

The indication from the empirical research (Chapter 2, Section 2.4.1.1.3) is that cognition played an essential role in causing behavioural experiences. For instance, one participant said that he does not sleep when he thinks about his father. As mentioned in Chapter 3, difficulties with sleeping are related to increased anxiety and having more time to think about what has happened once children have gone to bed. If strong reminders of death are present, they have a tendency to surface more commonly in the evening when the child's thoughts are not occupied by other things. The body is activated by anxiety, thus insomnia is common.

Participants are likely to be anxious about care and support that would normally be provided by parents. For infected children, anxiety would, for example, stem from fear of being discovered to be HIV-positive and, indeed, from fear of death. This is because being known to be HIV-positive could lead to stigmatisation and discrimination, which could affect their social development. This normally results from going to school or joining other children in their activities and thereby forming friendships and relationships with other children outside the family circle (cf. Chapter 3). This interaction provides an opportunity for children's social, cognitive, physical and moral development.

#### ***5.2.1.1.3 Cognitive grief experiences***

Cognitive experiences include pre-occupation with and dreaming of deceased parents. The dreams may be associated with positive or negative feelings and are sometimes followed by behavioural expressions (Chapter 2, Section 2.4.1.1.3). As argued in this section, children who are not given time to process a traumatic experience during daytime, or who

actively try to keep thoughts about what happened away, are more susceptible to dreams and nightmares than those who are given the chance to confront what has happened. In other words, there is need to help bereaved children to process their grief. This could be achieved through participating in rituals. Rituals such as viewing of the corpse speed up emotional and psychological healing (Chapter 4, Section 4.3.5). Another way in which bereaved children can be helped to confront reality is by talking about their loss. This ensures that thoughts which are in the sub-conscious mind and that resurface as dreams and nightmares are made conscious, giving bereaved children insight into some areas of unresolved grief.

The five children who had been diagnosed HIV-positive and knew their status had experienced a traumatic event, as, according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (American Psychiatric Association, 2000:464), a person who has been diagnosed with a life-threatening illness could be said to have experienced a traumatic event.<sup>78</sup> A person who experiences a traumatic event may suffer from Post Traumatic Stress Disorder (PTSD). Although some of the symptoms (see Chapter 2) reported by the bereaved children related to PTSD, it cannot be concluded that the children suffered from this disorder. For a person to be classified as suffering from PTSD, a diagnosis needs to be made either using the DSM-IV or the International Classification of Diseases (ICD-10) criteria, but such a process was not within the scope of this research. Be that as it may, as mentioned in Chapter 3 of this study, Kamau (2010) conducted research in Nairobi County, Kenya, among HIV-positive children and adolescents aged between six and eighteen years of age and revealed that PTSD was one of the common anxiety disorders. The implication here is that it is essential to conduct a PTSD assessment when the church is providing grief care to children with symptoms of PTSD, or to refer the children to a professional since treatment for PTSD needs specialised care. It was suggested in Chapter 3 that mental health professionals should be consulted to

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<sup>78</sup> DSM-IV-TR 2000 describes a traumatic event as that which involves actual or threatened death or serious injury, or some other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. Therefore being diagnosed HIV positive is traumatic.

help children work through the traumatic circumstances of death as this will help in dealing with PTSD.

#### ***5.2.1.1.4 Spiritual grief experiences***

Spiritual grief experiences as reported in Chapter 2 (Section 2.4.1.1.4) of this study include children blaming God for the loss of their parents and also thinking God did not care or did not love them. Feelings of inferiority were attributed to the belief that the death of Jesus on the cross was not for all children. Children's spiritual grief experiences reveal that they are aware of God's existence and that he is expected to be good, thus should not allow children to suffer but should instead protect them from falling ill or losing their parents.

The concept of God is taught to children by their parents at a very early age. Mbiti (1991:55) has been cited as stating that God is described as good in many parts of Africa; this implies that children are likely to have been taught that God is good. Children also have some idea about the function of Christology, thus the belief that Jesus Christ's death should not be for some people only but for all. However, it seems that grieving children do not maintain the appropriate images of God. As such, Christian education will play a vital role in helping children to clearly understand the fundamental elements of theological anthropology as discussed in Chapter 4 (Section 4.2). This is because Christian education is founded on the Scriptures (Anthony, 2001:13). Furthermore, the children can also be helped through deconstructing the inappropriate images of God and instead helping them maintain the appropriate images.

#### ***5.2.1.1.5 Physical grief experiences***

The empirical research revealed that four significant physical grief experiences manifested as health problems and were reported by one participant. She reported suffering from lower back pains. During the focus group discussion, the child lay on the bed as she was unable to sit. She said that her knees sometimes felt weak when she walked and when such a feeling occurred she was forced to stop walking for a while until she felt better. The child also occasionally had vision and hearing problems. Cook and Oltjenbruns (1998:94) explain that such manifestations are referred to as somatic. They note that somatic manifestations of grief are those that are physical in nature.

The empirical research (Chapter 2, Section 2.4.1.2.5) revealed that the participant hardly socialised with her peers. Other children in fact used to avoid playing with her. This was a stumbling block to her social, cognitive, and moral development. In Chapter 3 (Section 3.2.6) it was indicated that children during interaction with their peers or other children learn various virtues such as honesty, obedience, humility and endurance. These virtues assist children to grow within their community. The death of a parent can therefore have serious consequences for the development of bereaved children who do not maintain such virtues.

#### **5.2.1.2 Discussion on circumstances of bereavement**

Several circumstantial factors were noticed as complicating the grief process of children orphaned through HIV and AIDS. Experiencing any of the circumstantial factors did not necessarily lead to experiences of grief, but their presence alerted the researcher to possible difficulties. This was the case with those children who learned about the cause of their parents' deaths under very traumatic circumstances. One child, for instance, was shown the father's corpse in the coffin without being informed earlier that the father was dead.

Financial limitations also caused the children much stress and reminded them of their deceased parents. This brought back experiences of emotional and behavioural grief. Additionally, the relationship with the guardians sometimes triggered memories of their parents. Some children felt they were not receiving as much love, care and affection as their parents had showed them before they died (Chapter 2, Section 2.4.1.2). Thus, the circumstances of bereavement include:

- The person with whom the child lives
- Mode of learning about parents' death
- Knowledge of the cause of the parent's death
- Financial limitations
- Physical issues
- Social issues
- Home visitation experiences.



#### ***5.2.1.2.1 The person with whom the child lives***

The majority of the children orphaned through HIV and AIDS lived with their relatives, especially aunts and grandmothers. Although the grandparents provided the children with hope, they lacked the strength and resources to provide adequate support, and this proved to be challenging for the orphans. Kamau (2010:26) argues that grandparents, some of whom need special care themselves, could not be expected to raise young children. This would mean putting the children's needs first at a time when their own health needs required special care, and at risk of neglecting their own health. It is interesting to note that more participants lived with female relatives than with male relatives and that these people were impoverished (Chapter 2, Section 2.4.1.2.1). In other words, these people needed to be helped for them to provide constructive care to the bereaved children. Therefore the role of the church is to provide caregivers with guidance and sustenance. The discussion in Chapter 4 (Section 4.2.3) stated that the church should enable or facilitate coping mechanisms through sustenance. Bereaved people deserve a sustaining presence from their church that will comfort them and strengthen them for the life ahead.

#### ***5.2.1.2.2 Mode of learning about parent's death***

Although African children are greatly valued, they do occupy a lower status in the society compared to adults and this was evidenced in the empirical research for this dissertation. When their parents died, children were the last to know about their parents' death. Some of the children got to know of the death of one or both parents in very traumatic ways. For instance, one participant had left the parent alive at home and on his return found the parent lying dead on the sofa (Chapter 2, Section 2.4.1.2.2). In providing grief care to the children, it is crucial to ensure that they are provided with accurate information concerning the death of their parents. However, theologians should be sensitive to the cultures of the community in which they are working. Theologians have to develop a special skill referred to in Chapter 4 of this study as interpathy. Interpathy could allow the church to enter into other cultures cognitively and affectively.

#### ***5.2.1.2.3 Knowledge of the cause of parents' death***

According to the empirical research (Chapter 2, Section 2.4.1.2.3) the majority of the children seemed to be ignorant of the cause of their parents' death. One said, "I have never

asked.” Interestingly the research findings reveal that, although parents did not disclose to children that they were suffering from AIDS, some children were aware that their parents suffered from HIV and AIDS. This was as a result of the stigma and discrimination they experienced from other people. Children above nine years old were able to associate the death of one of their parents to the stigma and discrimination they themselves experienced. This is an indication that these children understood the concept of death, meaning that they understood most of the components relating to the understanding of death (Chapter 3, Section 3.3.7). They were able to reason and comprehend that the stigma and discrimination they experienced was a result of their parents dying of AIDS-related diseases. According to Piaget’s theory of cognitive development discussed in Chapter 3 (Section 3.2.2.2), children who participated in the empirical research were able to think and reason.

#### ***5.2.1.2.4 Financial limitations***

The empirical results presented in Chapter 2 (Section 2.4.1.2.4) reveal that financial limitations were marked by poor living conditions, lack of food, failure to attend school, and lack of school uniforms, educational materials and medical care. Some of the children dropped out of school to look for employment to earn money to support themselves and their ailing grandparents. One participant said: “Sometimes my grandmother gets sick and we go to look for jobs to get money to buy her medicine. We fetch water or wash cars or arrange someone’s house and get paid.”

Children therefore miss part of their development as they engage in income generating activities, whereas the school environment would provide them with the opportunity to interact with other children and their teachers. Through such interaction, they socialise, learn morals and they develop intellectually. As indicated in Chapter 3 (Section 3.2.6) of this dissertation, the school environment plays a significant role in ensuring that children acquire appropriate behaviours. They are taught to love and respect one another, to care about personal hygiene and to take care of personal belongings.

It was sad to note that some of the children went to bed hungry due to their guardians lacking finances, as evidenced in quotations from two participants: “Sometimes we sleep

hungry when our grandmother has no money for food.” “Sometimes if my grandmother has not found some work to do, we sleep hungry.” Food is essential for life and indeed for the maintenance and sustenance of the physical body. In Chapter 3 (Section 3.2.5) it is stated that children who experience food shortages exhibit a decline in weight, in activity on the playground, and in classroom attention. The empirical research revealed that the impact of poverty overwhelmed the children. As such, there is need for bereaved children to be provided with financial support.

Garland and Blyth (2005:266) suggested that the church should support the extended family and help them carry the extra load. In this way the church will be fulfilling the command of Christ (Galatians 6:2). Spiritual gifts bestowed on the church by the Holy Spirit can be useful in achieving this goal. Such gifts include encouraging, serving, generosity, and healing (1Cor. 12:8-10; Rom. 12:6-8).

#### ***5.2.1.2.5 Physical issues***

Physical issues include health problems and physical abuse. Health problems associated with HIV and AIDS were reported by participants who had been diagnosed as HIV positive. Their health problems included rashes, chest pains, malaria, colds, tuberculosis, ear problems and headaches (Chapter 2, Section 2.4.1.1.5). According to Kamau (2010:26) and Muraah and Kiarie (2001:3), these illnesses are referred to as opportunistic infections.<sup>79</sup> The discussion in Chapter 3 reveals that children who are diagnosed as HIV positive can be grades lower at school than expected for their age. Poor health due to illness results in children either starting class late or missing several valuable school days. These findings do not differ from the findings of current empirical research as evidenced by a report from one of the participants who said “... I get malaria and colds frequently. I sometimes miss school for two weeks.” Physical health was also affected due to illness; some children who were HIV positive seemed to be underweight and weak as described by one participant: “My aunt makes me carry a jerry can of water yet she knows I have chest problems and most of the times I feel weak.”

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<sup>79</sup> When the body’s immune system is weak the diseases take advantage of the opportunity to come into the body and cause illness and that is why doctors refer to the diseases as “opportunistic diseases”.

Physical abuse had to do with beatings received by the participants from their close relatives or guardians. This resulted in one of the participants running away from home; she is one of the very few children living in one of the institutions providing support to HIV and AIDS-affected and infected people in the Mukuru slums, in the Makadara Division.

#### **5.2.1.2.6 Social issues**

The social issues were illustrated through statements that show stigmatisation, insults, being denied the use of personal belongings, ridicule, and rejection. The social issues derived from the children's statements reveal that the relationship that existed between some children and their neighbours had been broken. One of the participants said: "My father died... my friends do not visit me at my house since they say I will infect them. I never told them that I am sick so I do not know how they learnt of my sickness" (Chapter 2, Section 2.4.1.2.6), which implies that the child could not play with other children. Games that are played by children facilitate their gross and fine muscle development, and teach them to get along with others. As discussed in Chapter 3, games involve thinking and they are guided by rules and regulations; as a result children develop cognitively and morally. It is therefore safe to state that children who do not get the opportunity to interact with other children may face challenges in their development. The effect is likely to linger on to adulthood.

It was surprising to find out that stigma was significantly related to discrimination in this research, as illustrated in the following statement from one of the participants:

My father died when I was six... when we ask for the key to the latrine from the neighbours, they deny us the key asking us whether we are the ones who built the latrine. We therefore have to go for a short call in a tin can and then pour out the urine at night in the trenches. We cannot pour it out during the day since the neighbours say that we are pouring AIDS into the trenches.

Stigma and discrimination has led to the violation of children's rights. Although some members of the society treat children with contempt, it is worth noting that bereaved children are created in the image of God and thus possess human dignity. In this regard, children orphaned through HIV and AIDS have an inherent value that comes from God (Chapter 4). It is an essential part of their being which cannot be removed from them by the death of their parents through HIV and AIDS.

#### **5.2.1.2.7 Home visitation experiences**

Reports of experiences of home visitations reveal that the church did visit the bereaved families and that prayer seemed to be a common ritual during such visits. However, according to children's statements, it is clear that it is unlikely for children to be in attendance during prayer time. This is exemplified by pastors' statements. One pastor said "... We went there and the biggest question was what to tell the children. We think that they are really not affected. I mean they are out there playing." Another pastor said: "During the bereavement period, we usually go and pray for the family as a church and ask our members to be with them during that period of mourning ... However, we do not pay much attention to the children; in fact, we rarely remember them" (Chapter 2, Section 2.4.1.2.7).

The majority of the children who provided information on home visitations said that when the church members visited the family, they did not talk to them. This statement was common among the children. Thus, an opportunity was not provided for the children to express their emotions, causing children to be overwhelmed by such emotions. Research findings reveal that emotional experiences of grief were ranked first among the experiences of grief.

It is clear from the above discussion on home visitations that the church does not pay much attention to children. Sullender (1985:139) indicates that pastoral visitations are imperative as a valuable tool and should be used effectively. This implies that the church should purposely reach out to bereaved children by providing them with the opportunity to participate in religious rituals. For children to participate in the rituals, it would be necessary to take their development into account.<sup>80</sup> In other words, resources such as prayer, funeral messages and songs should be chosen with children in mind (Chapter 4). This is important if the church's aim is to help bereaved children work through their grief.

#### **5.2.1.3 Discussion on types of orphanhood**

The types of orphanhood as reflected in statements from the participants are double orphans, maternal orphans, and paternal orphans. There were more double orphans than

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<sup>80</sup> Children developmental perspectives have been explored in chapter 2.

paternal or maternal orphans. The death of their parents deprived the children of spiritual nurture, parental love and support; as a result children were overwhelmed by grief. The results of this research reveal that when one parent was surviving, particularly the mother, she became the primary care giver. When a mother was suffering from AIDS and was unable to look after the children due to health problems, the children were taken in by close relatives, mainly grandmothers, as indicated in the following statements from two participants: “I come from a family of eight and I am the seventh born in our family. My mother died in the year 2005. Before she died, my grandmother came to live with us because my mother was very sick and she could not take care of us. So my grandmother came to live with us as she looked after my mother....” The other child said: “When my mother became ill, my grandmother came and took us away so that we could stay with her and later on when my mother died, we had to live with her” (Chapter 2, Section 2.4.1.2.1).

The empirical research also revealed that, when both parents were dead, children were adopted by non-relatives as well as relatives. Although twenty of the forty-five children participating in the research did not indicate with whom they lived, the field notes reveal that a majority of the double orphans lived with their maternal grandmothers and aunts. The research results furthermore indicate that the majority of the twenty-five children who provided information on the people they lived with had been adopted by the grandparents and aunts. Grandparents were impoverished and thus unable to provide care and support to the children. They did not have a source of income and had a shortage of resources, therefore children worked to help finance some of the most essential requirements of the family, such as medication for an ailing grandmother.

The suffering these children had to endure as a result of the loss of their parents caused some children to blame God for the death of their parents and to think that God did not love and care for them, as described in the following statements from two children:

... I think that God did not die for me and my sins. I feel like he died for everybody else except me. I do not feel special...I think and ask myself why God did this to me, He does not love me and I blame him for my parents' death. (Chapter 2, Section 2.4.1.1.4)

Children who maintained such views about God are likely to have impaired spiritual functioning, thus the need for the work of the Holy Spirit. Through the work of the Holy Spirit, children's impaired spiritual functioning can be transformed. Louw (1998:167) is of the opinion that the Spirit releases new possibilities in a person during transformation and the person is transformed to full humanity in possession of the image of God.

In conclusion, the empirical findings reveal that grief manifests in various forms: the emotional, cognitive, physical, spiritual and behavioural. It was noted that one or more grief emotions were experienced together with other experiences of grief. Of significant note regarding the experiences of grief is that emotions of grief were ranked first. Although research was focused on grief, it indicated that bereavement circumstances and the parental status the children were left in made the grieving process complicated. The circumstances of bereavement tended to affect children's development, children's behaviour and their way of thinking.

The status of orphanhood was of three types and the empirical research revealed that there were more double orphans than paternal or maternal orphans. The double orphans seemed to face more challenges than the other two types of orphanhood. When the parents died, a majority of the children did not have somebody to provide spiritual nurture. In addition, the majority of the children were left in the care of relatives and non-relatives who had limited resources. In some circumstances, children had to find work at a very early age to earn a living to support the family and sometimes to buy medication for their ailing grandparents. Children frequently went to bed hungry as their caregivers could not afford to buy food.

Although children were overwhelmed by grief, the church rarely offered grief care and support to bereaved children. Children, however, just like adults, need to be provided with support and love when they experience loss through death. They deserve a sustaining presence from the church to comfort them in their sadness and strengthen them for future life.

Having now looked at the analysis of the children's data, the next part is focused on discussing the analysis of pastors' data.

## **5.2.2 Discussion on analysis of data from pastors**

One code family emerged from the analysis of the pastors' data, namely the role of the church in providing grief care to children. As mentioned earlier, the discussion of the data is informed by the theory reported in Chapters 3 and 4 of this research.

### **5.2.2.1 The role of the church in providing grief care to children**

The relevant code family contains several codes that focus on how the church provides grief care to bereaved children. These include:

- Knowledge of children in the church who are orphaned through HIV and AIDS
- Grief care to children before burial of parents
- Children's participation in the burial ceremonies
- Grief care to children after the burial of parents
- A typical funeral consolation service
- Pastoral training on grief care to children.

These codes are discussed as indicated above.

#### ***5.2.2.1.1 Knowledge of children in the church who are orphaned through HIV and AIDS***

The majority of the pastors said that they were not sure whether there were children orphaned through HIV and AIDS among their congregation. The stigma that is associated with HIV and AIDS normally hinders people from revealing their status. Muindi *et al.* (2003:26) affirm that the person who is diagnosed as HIV positive suffers from a sense of rejection, because other people avoid socialising with an infected person. Thus, the person suffers from discrimination. The findings of this research reveal that stigma is not attached to the infected people only, but also to close relatives. The following statement from one of the participants divulges this dilemma:

...We therefore have to go for a short call in a tin can and then pour out the urine at night into the trenches. We cannot pour it out during the day since the neighbours say that we are pouring AIDS in the trenches.... (Chapter 2, Section 2.4.1.2.6)



Thus, bereaved children might choose to grieve alone with no one caring for them because of the stigma attached to AIDS.

As revealed in Chapter 2 (Section 2.4.2.1.2), pastors rarely responded to children's grief before the burial of their parents following death. However, the discussion in Chapter 4 recommends that the church ought to develop a spirituality of presence which involves attending to what is going on in the lives of individuals, families, and communities. As such, the pastors should be aware of the people in their congregations who are HIV positive. When they become AIDS sufferers and die, the church would therefore be well placed to offer constructive grief care to bereaved children.

#### ***5.2.2.1.2 Grief care for children before burial of parents***

All the pastors who were interviewed indicated that they do visit bereaved families during the bereavement period to mourn with them and console them. The research results indicate that little attention is paid to the children when the church members visit the bereaved family. Various reasons were provided by the pastors for children not being attended to during the bereavement period. These included: "During that time of mourning and grieving, the children are normally left out because people deal with mature people and forget the children;" "The church does not really concentrate on children during bereavement. We do not put much thought into it; we think that the children will eventually understand as they grow up and will cope;" and "We think that they are really not affected. I mean they are out there playing" (Chapter 2, Section 2.4.2.1.2). These statements clearly reveal that bereaved children do not participate in funeral rituals.

Although the pastors might want to believe that children are not affected by the death of their parents, the truth, as shown by the findings of this research, is that they actually are. The research revealed that children become overwhelmed by grief when they lose their parents, which manifests in emotional, cognitive, behavioural, physical and spiritual experiences pointing to the fact that the whole person is affected by bereavement (Chapter 2, Section 2.4.1.1). The discussion in Chapter 3 (Section 3.3.2) points out that it is crucial for bereaved people to participate in the funeral rituals. Rituals facilitate working through

the grief process and people who engage in rituals regain their emotional balance sooner than those who do not engage in the rituals. Therefore it is imperative that when the church visits the bereaved family, children should be encouraged to participate in Christian religious rituals.

Chapter 4 of this study argues that the church can draw on spiritual resources. One of the resources is the Word of God and when presented to children in a simple way, it can quieten their hearts in a wonderful way and they can be enabled to go through the grief process. The church can also lead the grieving children to the throne of grace through prayer in a way that is suited to their needs and situations. As such, there is need to contextualise the Christian religious rituals.

#### ***5.2.2.1.3 Children's participation in burial ceremonies***

Burial ceremonies involve the performance of cultural and religious death rituals. The empirical results have demonstrated that the majority of the children do not participate in burial ceremonies; therefore do not perform the death rituals. When burial ceremonies are taking place, hardly any children are in the vicinity because they are either sent to their relatives or to neighbours' homes where they stay until the burial ceremony is over. Some children, as indicated by the following statement, do participate in funeral rituals, though:

Most children are normally excluded from participating in the funeral. However, I have noticed that during funerals, children from the Western region are normally allowed to view the body of their parents as opposed to those that come from the Central region of Kenya. The culture in the Western region allows children to view their parent's body. (Chapter 2 2.4.2.1.3)

This statement indicates that culture plays a significant role in deciding whether children participate in rituals or not. As mentioned in Chapter 3, there are many rituals that are associated with death in Africa and people are very sensitive in ensuring that the rituals are performed and that this done by the right people. Chapter 3 also indicated that particular people, for instance pregnant women and children are not allowed to touch or come near the corpse in case misfortune should befall them or the family. It is therefore important for the church to be aware of the culture of the communities to which children belong.

The preceding discussion on children's participation in burial ceremonies clearly reveals that children rarely participate in cultural rituals surrounding death. According to the empirical results (Chapter 2, Section 2.4.2.1.3) of this study, the ritual in which the majority of the children are provided the opportunity to participate is the throwing of the soil into the grave to acknowledge the death of the loved one. But, as mentioned in the same section, children are rarely in close proximity during the burial ceremonies; as such, few of them participate in this ritual. It was proposed in Chapter 4 (Section 4.3) that the church should help bereaved children participate in cultural or Christian religious rituals so that healing from grief can be facilitated. Thus, the church should ensure that children are within reach when the burial ceremony is being performed. The ceremony is useful in assisting bereaved children to accept the reality of death.

#### ***5.2.2.1.4 Grief care for children after burial of parents***

The empirical results (Chapter 2, Section 2.4.2.1.4) of this study indicate that pastors rarely provide children with grief care after their parents are buried, but that the congregation occasionally visits bereaved families after burial. This information was provided by three of the forty-five participants, an indication that the majority of the children are not offered grief intervention once their parents are buried. However, as noted in Chapter 2 (Section 2.4.1.1), bereaved children are normally overwhelmed by grief and therefore providing children with grief care after burial is essential. As Sullender (1985:139) has revealed (Chapter 4 of this study), pastoral visitation should not end with the funeral; post-funeral visits to the family should continue. It is during these visits that the church can continue to offer grief care; the effectiveness of such care would, however, depend on the working of the Holy Spirit. Post-funeral ministry is necessary because it provides encouragement to the mourner, although it is not an easy process.

#### ***5.2.2.1.5 A typical Funeral Consolation Service***

Findings of this research (Chapter 2, Section 2.4.2.1.5) indicate that dates for the funeral meetings are decided by the bereaved families. Some of the meetings are specifically designed for the funeral consolation service and days for the services are unlikely to be fewer than two. When the church visits the bereaved family, they pray and a sermon is preached. Sometimes the services are held every day for a whole week and this, again, is

determined by the bereaved families. Although funeral meetings are decided by the bereaved families, neighbours, friends and relatives flock the homestead when they learn about someone's death, so as to mourn with the bereaved family and also to help them with the household chores (Chapter 3).

The statements from the pastors disclose that children are absent during the service.

We think that they are really not affected. I mean they are out there playing [and another said] ...even during the funeral ceremonies, some children are not there because they have been shipped off to live with their relatives. (Chapter 2, Section 2.4.2.1.2)

Children therefore miss this essential church ceremony where members of the family are encouraged, comforted and presented to God in prayer. Prayer is a common ritual, as echoed by children and pastors.

#### ***5.2.2.1.6 Pastoral training on grief care for bereaved children***

Results of this research (Chapter 2, Section 2.4.2.1.6) reveal that seminaries in Kenya rarely prepare pastors to minister to bereaved children. The discussion in Chapter 4 confirms that theological training in most African countries does not adequately prepare pastors or even provide them with the very basic skill for providing grief care. The discussion further states that the sad fact about Africa is that seminarians are not exposed to the resources available within the culture and society in order to learn from them. During this research, the pastors strongly urged that the clergy be trained to provide grief care to children orphaned through HIV and AIDS or by other means. Training the pastors and the clergy can help them to provide supportive grief care. Wiersbe and Wiersbe (1985:33) are of the opinion that a growing minister will want to keep abreast of the work being done in grief care. They argue that training could not be provided in the seminaries only, but if seminars in the field of grief care were arranged, the church ought to attend.

In conclusion, the devastating consequences of HIV and AIDS in Kenya and its particular impact on children orphaned through HIV and AIDS require the church to get involved in providing grief care to the children. This discussion of the data analysis reveals that children were overwhelmed by grief and grief-related issues. Children's grief situations could possibly increase their vulnerability to a range of problems including HIV infection,

illiteracy, poverty, child labour, exploitation and the prospect of future unemployment. The discussion also reveals that, while the church visits the bereaved families as a way of consoling family members, the church rarely concentrates on the grieving children. As such, children's grief has rarely been addressed, leaving them with the unresolved grief experiences. The way in which the church responds to the situation of grieving children is in question and a paradigm shift is required. This research therefore proposes a pastoral intervention strategy that can be used by the church to respond to children's grief within a Kenyan setting.

### **5.3 A Pastoral Intervention Strategy**

The findings of the empirical research reveal that the church is in need of an appropriate strategy that can assist her in providing pastoral care to bereaved children particularly children orphaned through HIV and AIDS. Thus, the pastoral intervention strategy focuses on responding to the situation of children's grief before burial, during the burial day and after burial of their parents. The aim is to assist these children to cope and adjust to the death of either one or both of their parents.

It was advocated that the eco-systemic approach and the intercultural approach could be helpful to practitioners of pastoral care in responding to children's grief situation within an African (Kenyan) setting (cf. Chapter 4:3). In order to achieve the objective of this chapter (to present a pastoral intervention strategy that the church can use to respond to the situation of children orphaned through HIV and AIDS), the strategy needs to focus on the following:

- Pastoral interventions for responding to children's grief before the burial of their parents
- Interventions for children's grief care during the burial day
- Caring for children orphaned by HIV and AIDS after the burial of their parents

#### **5.3.1 Pastoral interventions for responding to children's grief before burial of their parents**

Pastoral interventions focus on responding to children's situation before burial of their parents. To achieve the task pastoral caregivers ought to first understand the needs of children orphaned through HIV and AIDS. The study reveals that some children do not

understand the concept of death and this has a considerable impact on their grieving situation (cf. Chapter 3). Children are also rarely informed about the death of their parents. In some situations, they learn about the death of their parents under very traumatic circumstances (cf. Chapter 2). The empirical research (Chapter 2, section 2.4.2.1) for this study found that the church members who visited the bereaved children rarely attended to the needs of children orphaned through HIV and AIDS. The church assumes that children are not affected because when the church visits bereaved families, children seem to be fine and are even seen playing outside with other children. In some situations children are not at home as they are sent to their relatives homes. Children therefore do not participate in the funeral rituals; hence they are denied the opportunity to work through their grief.

In light of the issues raised above, it is imperative that the church should assist children orphaned through HIV and AIDS to work through their grief process before the burial of their parents. The following section therefore presents interventions that could assist grieving children to cope and adjust to the loss of their parents through death. The interventions include:

- Facilitating children about the concept of death
- Presenting children with news of death
- Home visitation.

The interventions can be used by the members of the church, family, or community trained in ministering to bereaved children. The above interventions are discussed below.

#### **5.3.1.1 Facilitating children about the concept of death**

Children hold different perceptions of death and this affects how they grieve and mourn. Older children have a better understanding than the younger children of what it means to die. According to Dyregrov (2008:15) children's understanding of death develops in parallel with the child's cognitive maturity through childhood. The development of the concept of death however, may occur at slightly different rates, but the developmental sequence seems to be the same. Given this understanding, there is need to teach children about the concept of death.

It was argued, in chapter 3, that the systems (family, community and church) within the eco-system play a significant role in the normative development of children within the African context. Therefore members of the systems who are trained in providing grief care to bereaved children can teach children the facts of death. Due to ignorance or fear such an ideal can be dismissed as being depressing to the children or in the name of protecting the children. Death seems to be a taboo within the Kenyan communities; even the word death is normally avoided and concepts such as ‘is sleeping’ have become alternative means to communicate news about death to children. This is one way of protecting children from the reality of death. But the question lingers on, “Are we really protecting these children by shielding them from the reality of death?”

Days are long gone when African (Kenyan) children were protected from the fact of death. Children become aware of death even before they reach school going age. They see people dead on television; they hear about death in the news; death is announced in the church, discussed by adults around the children; and some children’s books refer to dying and death. Furthermore, children see dead animals such as dogs, cats, rabbits and even some insects in the homesteads. They may also be aware of deaths occasioned by poverty, murder and alcohol, all around them. These experiences give children an opportunity to develop their understanding of death. However, instead of the children developing their ideas of death and its meaning by themselves, the church<sup>81</sup> should take the lead and be consciously involved in the process of facilitating children about the concept of death.

Kopp (1983:10) rightly states that it is not easy to teach children about death during bereavement as the emotional burden of one’s own grief and that of the children would make it even more difficult. Children therefore should be taught to understand the concept of death before they experience the death of a loved person, as this would enable them cope with death more courageously. Educating children about death could occur in the midst of daily living. In other words, the best time to talk about death with children is when there is the opportunity of seeing something that has died. When an opportunity to teach children about death presents itself, trained persons can take advantage to educate the children on

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<sup>81</sup> Church members who are trained in ministering to the bereaved children

the concept of death. Teachable moments in this study refer to situations where a child finds dead small animals or insects. In rural and urban areas in Kenya as in many other African countries, small dead animals, for example, dogs, rabbits, rats, mice, and cats, and insects such as *thuraraku*, *ndomba*, *nguya*, *thigiriri*, *mugagaca*,<sup>82</sup> big and small spiders, grasshoppers, and crickets are easily found in the homesteads or in the gardens.

Kopp (1983:90) and Dyregrov (1991:16) argue that understanding death should begin with the recognition of the physical aspects and it is necessary to explain the concept of life. In other words, educating children about death should start by helping them understand physical stillness. For instances, a child could first be shown a dead cat followed by the teaching of the death concept as follows, *[W]hen a cat dies it does not move, eat or drink. It cannot move or eat because it is dead and after one day, the cat would start to smell. Since the smell from the dead cat is bad, a small hole is dug in the ground and the cat is put inside and covered with soil so that people do not smell it.* In this case, the child can be given an opportunity to ask questions. However, African (Kenyan) children are socialised in such a manner that they are supposed to be seen not heard (cf. Chapter 3) thus they might be fearful to talk. Therefore they should be encouraged to ask questions and answers should be given with utmost sincerity and honesty. Biblical resources can also be used to teach children about the concept of death as there are many (Gen 25:1-11, John 11:1-44) narratives that can prove useful. It is therefore the work of the practitioners of pastoral care trained to minister to bereaved children to select the most appropriate narratives and present it in a simple and clear way to be understood by children according to their developmental level.

People who are motivated and willing to minister to bereaved children should therefore be provided with knowledge on how to facilitate children the concept of death. Wass and Corr (2003:50) suggest that formal courses on death and dying could be taught in institutions of higher learning, such as colleges and universities. In the context of this study, courses on death and dying should also be taught in seminaries because this study reveals that courses on ministering to bereaved children are rarely taught in seminaries (cf. Chapter 2). Wass

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<sup>82</sup> These are kikuyu names of insects found in the homesteads and in the gardens



and Corr add that death education cannot be confined to the limited timeframes of the classroom and this implies that the bereavement ministry cannot be limited to institutional systems. However, it should be extended to people<sup>83</sup> willing to minister to bereaved children. In this regard, workshops and seminars on death and dying especially in light of bereaved children would be helpful in equipping caregivers with the requisite skills and knowledge to teach children the concept of death.

Of significant note in the training of caregivers is that they should appreciate the level of children's development, particularly their cognitive development. Furthermore, a potential caregiver in children's bereavement ministry should be aware of children's social perceptions of death. In other words, caregivers should be familiar with the cultural meaning of death of the community in which the child belongs. This study has emphasised that understanding the cultural background of the people one is working with is fundamental to the caring ministry.

In conclusion, it is necessary to assist children to understand the concept of death. This should be an ongoing practice and not just applied when death occurs. Their understanding of the concept of death affects how they grieve and mourn. Children's understanding of the concept of death can also facilitate breaking the news of death to them.

### **5.3.1.2 Presenting children with news of death**

Communicating news of death to bereaved family members is probably one of the hardest things any person can be tasked with. However, within the African setting this is one of the most crucial rituals. The ritual provides the family, relatives, neighbours and friends an opportunity to mourn through wailing and crying and this aids in emotional healing. It is therefore important that the family, community and church members are informed about any occurrence of death and this should be done immediately a loved one passes away. Unfortunately most children are never informed of the death of their loved ones, especially of close family members, and some have the misfortune of learning about it in very traumatic ways (cf. Chapters 2 and 3).

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<sup>83</sup> The term people in this study refer to family, community and church members. These sub-systems as indicated earlier (cf. Chapter 3) serve a vital role in the rearing of the African children.

In order to avoid exposing children to such situations, they, just like adults should be informed about the death of a loved one. However, since children lack wisdom, maturity and life experiences like those of an adult, any person informing children of the occurrence of death must not employ the same means of communication as those used for adults, for instance through the newspapers, radio or cell phones (cf. Chapter 3). Communicating the news of death to children could be by word of mouth. Since children's perception of death varies depending on age levels and cognitive maturity, Talitwala (2002:23-25) suggests that children should be informed about the death of their parents individually and the news should be formulated in a direct way.

As already discussed, the family members of the deceased person are the first to receive news of the death. Since children are part of the family, they too should be informed about the death. This would prevent a situation whereby children are confused when they hear other family members wailing and crying. In some African communities the wailing and crying is loud and dramatic (Section 3.3.6); therefore each child should be taken to a quiet room in order to receive the news of death. Practitioners of pastoral care should not 'dump' the news on the child but should find time to sit down with them and break the news in the most appropriate way and allow children, just like adults, to wail and cry regardless of their sex. Mbiti has argued earlier that it is normally impressed upon African boys that they should not be seen crying as crying normally is for girls and is viewed as a sign of weakness. However, all children should be encouraged to cry because tears assist to release the emotions in order to experience emotional healing (cf. Chapter 3).

News about death should be communicated in a simple and direct way. Schaefer and Lyons (1993:29) suggest that children should only be told what they need to know at the moment.

The following is an example of how news can be communicated:

Your [ ] fell sick and usually when people get sick they get better. But sometimes they get worse and become so weak that their bodies cannot fight the sickness anymore, like yours and mine can. The body then wears out and stops working and they die. This is what happened to daddy. It is a very sad time; that is why you hear and see people crying.

It is not advisable to assume that all children understand the concept of death. Children should therefore be helped to comprehend what it means to die. The following is an example:

When people die they stop breathing and thinking. Their hearts stop beating and they do not feel anything. When people die, the special part we call 'life' leaves the body. Some people call the special power of life the 'soul' or the 'spirit'. We do not know exactly what happens to this special part of people because it cannot come back. (Turner, 2005:25)

After breaking the news of death to children, they should be told what will happen immediately after death. Children should be told that friends and families will gather together for special meetings and the purpose of the meetings. This is because when neighbours, friends and relatives hear of death in a family, they rush to the homestead of the bereaved family to carry out household chores and to provide emotional and spiritual support (cf. Section 3.3.4). In the context of this study, this is what the practitioners of pastoral care might say to the child:

When a person dies, neighbours, friends and relatives gather together to make arrangements for the burial. It is a very sad time. Some of them cry, and crying is normal, as that is what people feel like doing when a person dies. Some people might not cry but that does not mean they do not love dad. It is possible that people might gather here at home, but since people come from different places, meeting at home may not be convenient to all the people, so they might choose to meet at another place like in a hotel, school or in the church compound.

To assist the children to experience a sense of belonging they should be allowed to join the mourners. This would enable children to learn their cultures and learn the expected behaviour of their social group so that they can function in it. Since children in most African societies are taught to obey their parents and to respect the elders, (cf. 3.2.6) this could at times mean children not being allowed to join adults during funeral meetings in bereavement period. What is expected of them when people visit them, especially during the consolation service should therefore be explained to them. The following format could be used:

During the services, you could, if you wish, come and join the people but keeping silent is good so that people can hear each other. There will be somebody sitting with you to help you if you require anything. After the service is over, people will be served with food and you too can eat with

them. After the visitors have gone, if you find any utensils that have been used outside, you could take them into the house.

Children, just like adults, need to be informed about the death of their loved ones. This helps to work through the grief process. If bereaved children do not work through the grief process, they are likely to grow into adulthood with unresolved grief and this is likely to affect the quality of a child's life (cf. Berinyuu, 1989:82). This necessitates the breaking of news of death to the children. Dyregrov (2008:88-89) proposes that presenting the news of death to the child should be done by the parents. However, situations can arise where both parents are dead, or a surviving parent may be too shocked to be coherent. In such cases, the most familiar and trusted adult to that child can take the task of breaking the news. In other words, a family member, community member or a church member trained in ministering to bereaved children may inform the children of death of a loved one. As discussed in Chapter 3, these systems of care take keen interest in nurturing children in the African (Kenyan) setting.

### **5.3.1.3 Home visitation**

When a family loses a loved one, people visit the family to console them. Within the African (Kenyan), context this is a very important ritual. It is during this period that the family, community and the church gather to grieve and mourn the loss of a loved one. As already discussed, death brings to halt normal activities in order to mourn as a sign of respect and honour for the one who has died (cf. Chapter 3). As such, grieving and mourning within an African setting falls within communal existence. While the gathering of the mourners is aimed at providing spiritual and emotional support to the bereaved family, bereaved children are rarely amongst the mourners (cf. Chapters 2 and 3). Thus, bereaved children are often not included in the rituals that are performed during the home visitation period.

Allowing the children to be with the rest of the mourners could help them work through grief as well as learn the cultures of the communities they belong to. Based on this understanding, it is necessary that children join the mourners. During the home visitation period there are lots of singing, praying and discussions going on. When the funeral committee members are planning for the burial, the rest of the mourners are left singing or

listening to funeral songs and sometimes African musical instruments such as drums are used. According to Mwiti (2003:13), the beat of the drums and other African musical instruments speak a therapeutic language of their own. A distinct feature of the therapeutic music is that it does not depict the actual occasion only, but also dramatises the mood of that occasion. Hence, the beat of the drums and the songs help to heal the wounded souls. Given this understanding, it is important that bereaved children are given the opportunity to be amongst the mourners, but for a limited period only. This is because mourners sometimes stay with bereaved families till late at night (cf. Chapter 3).

One of the rituals that is performed when people visit the bereaved family is the consolation service. This ritual is officiated by the church and is aimed at offering the bereaved family the comfort of God through the hymns, prayers and sermons. However, children rarely participate in this ritual and children who participated in this study felt rejected, neglected and ignored for this reason (cf. Section 2.4.1.2.7). To ensure that children are present when the consolation service is being conducted, someone could be assigned to take care of the children. The caregivers should sit with the children, preferably in the front seats. Songs, prayers and funeral messages ought to be selected with wisdom to ensure that most children are able to participate.

African children love and enjoy listening to stories (cf. Chapter 3) therefore the message could be in a narrative form. For instance, the story of Lazarus' death could be cited as follows: *"Martha and Mary had a brother called Lazarus and they were good friends of Jesus. Lazarus died and he was buried in a tomb. When Jesus was told that his friend had died, he went to say sorry to Mary and Martha. When he reached the house, he found people crying. Jesus was also sad because his friend had died and He cried. Jesus is our friend too and when our friends die, He cries with us. Although we cannot see him, he does not leave us."*

In Kenya, due to time constraints during the day of burial, a few people are allowed to pay tribute. Paying tribute is helpful since it helps to express one's feelings and emotions; however many people are left out including children. While not every person who would wish to pay tribute can have the opportunity, some time should be allocated for the

bereaved children to pay tribute during the consolation service. This helps bereaved children to feel that they are not neglected or ignored. Furthermore, it can provide them with a sense of security and belonging.

In conclusion, the family, community or church should respond to the situation of grieving children before the day of burial. Giving children the opportunity to participate in pre-burial rituals is helpful in assisting them to work through the tasks of mourning in order to cope with the grief in an environment without their parents.

### **5.3.2 Interventions towards grief care for children during the burial day**

The burial day is very busy for most Kenyan communities and various rituals are performed with the aim of helping the mourners accept the reality of death. In some areas, particularly in rural Kenya, the burial<sup>84</sup> takes place on the same day or the day following a person's death. This is mainly because of the tropical heat which makes the body decompose very fast or due to religious beliefs. However, in some areas the deceased body is kept in the mortuary while funeral preparations are being made and relatives living far away are awaited (Mbiti, 1991:120). The deceased body is collected from the mortuary early in the morning for burial on the funeral day. Mourners are often allowed to view the body of the deceased at the mortuary.

However, bereaved children are generally excluded from this scene, yet children who desire to view their parents' corpses should be allowed to do so. This is because seeing the body of the deceased person helps to bring home the reality and finality of death. Since the body of a deceased person does not have the same features as those of a living person; children orphaned through HIV and AIDS ought to be informed what to expect. This is to protect them from being traumatised when they see their deceased parents' bodies. Dyregrov (2008:97) advises that children should not be allowed to view the deceased when the physical body is badly injured. In other words, when the body is not badly injured children orphaned through HIV and AIDS may be allowed to participate in this ritual, but they should be informed what to expect before they view the body. Being informed can

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<sup>84</sup> In most parts of Africa burial is the usual means of disposing of the body of a dead person (Mbiti, 1991:120).

help the children to decide whether they want to participate in the ritual and can avoid unnecessary surprises.

### **5.3.2.1 Telling the children what to expect when viewing the body**

The body of the deceased person does not look the same as that of a person who is alive, particularly after either being in the mortuary for some days or after being preserved in a certain way. Therefore, there is need to prepare children for what they will see. A brief explanation about the coffin and what the body will look like is adequate (Turner, 2005:25). The following is an illustration of how children can be prepared in order to view the body of their deceased father: Daddy will be lying down, facing up and not moving, because his body does not work anymore. He is dressed in clothes and shoes and his body is in a box, which is a box that we will use to bury daddy in so that no dirt gets on him. When we go in, some other people will go with us and some of them will be crying because they are so sad that daddy is dead. If you want to, you can come with these people to see, and talk to daddy. But, he will not be able to hear or talk back to you because he is dead.

When the body is collected from the mortuary for burial, members of the family and close friends are given some time to mourn the deceased at the mortuary. This often involves talking to the deceased person, wailing and crying (cf. Chapter 3). If children want to wail, cry or talk to their loved one while in the mortuary they should be allowed to do so without any hindrances.

The above intervention may possibly be used with children between four and six years of age. The following version can be used with children between six and twelve years old, and it can be amended to suit children from various cultural backgrounds: After a person is dead, he or she does not feel pain and cannot come back to life. Death is not like sleep because sleeping is part of living and helps us grow and feel stronger when we wake up. After someone has died, we can sometimes see the dead body so that we can say goodbye to the person who has died. If you want to do that there will be somebody to help you. The body will be very still and might feel very cold. Remember the person who is dead does not feel anything or think anything and cannot even talk. You will find the body in a box

that we call a coffin. He or she will be dressed in a light blue shirt, dark blue trousers and black shoes (Turner, 2005:25). However, children should not be forced to view the body; in such instances, they can remain outside the mortuary with their caregivers.

The above interventions for helping children view the body are necessary. Viewing the body of the parents during the burial day is like saying farewell to them (cf. Turner, 2005:30). However, the interventions should be structured to fit the children's development and cultural backgrounds. Children could also participate in rituals that are performed during church funeral services.

### **5.3.2.2 Church funeral service**

Rituals that are performed during the church funeral service are aimed at providing a bereaved family with God's comfort. For this reason, the church should purpose to reach out to children during this ceremony. This implies that children orphaned through HIV and AIDS may be allowed to perform rituals that are appropriate to their development. This could make children feel cared for and loved by the church and provide them with hope and comfort. This is important if the church's intention is to help children work through their grief. Children orphaned through HIV and AIDS experience grief, just like adults (cf. Section 2.4.1.1). Hence, they too need to be comforted to experience grief healing. Kopp (1983:83) suggests that children from age three to four or whose age and behaviour do not put an undue strain on the caregivers can participate in the funeral service. For example, when the corpse is being taken to the altar during the funeral church service, bereaved children, each accompanied by a trusted adult, could follow the people carrying the casket. Each child may be given flowers to place on the altar or on the casket before taking his or her seat.

Bereaved children might also be given the opportunity to read the Bible text, but if they cannot read, they could be asked to nominate another child to do so. Children could also be provided the opportunity to pay tribute. Speeches could help the children to work through their grief. As the children speak, and possibly mention the dead person, death becomes more real. To achieve this, children should be allowed to express themselves



freely without being coached as to what to say. This means that children work through the pain of grief so that pain is not denied (cf. Worden, 1991:10).

The funeral message should be communicated with simplicity for children to understand. Wiersbe and Wiersbe (1985:53) argue that the message should be biblical, organised, and should not sound like a sermon. Furthermore, the presentation should be *quiet and conversational*, as though the minister was simply talking with the family in their living room. The funeral message is no place for oratory or technical theological terms, including Greek and Hebrew words. The message should be positive, sharing with the listeners what the Bible clearly teaches. The message should also be *personal*, prepared with the deceased and the mourners in mind. The message should centre on God and His grace and not on man and his failures. The message must look ahead and be radiant with hope. At the same time, it must be realistic and must let the listeners know that death is real, that grief hurts (Wiersbe & Wiersbe, 1985:53).

Within the Kenyan setting, prayer is an important ritual during the funeral service (cf. Section 3.3.6). Prayer enables the church to communicate the needs of the bereaved family to God and helps the bereaved family members express their feelings. When praying for the family, the pastor or the one assigned to pray during the funeral service may first pray for the children, since this helps the congregation to concentrate on the needs of the children. Bowman rightly believes that people are better cared for when prayers are specific and are short (cf. 1998:112). The purpose of the prayer is to help children to experience God's comfort and compassion. After praying for the children, they can be allowed to take their seats. As children continue to work through their grief through participating in rituals, one of the important things they will need to do is to accept the reality of death. This can be achieved through participating in burial rituals.

### **5.3.2.3 Burial ceremony and 'letting go'**

The burial day involves the performance of various rituals depending on the culture of the deceased person's community. However, by the time the burial ceremony is performed, bereaved children are not in the vicinity of the grave site (cf. Chapter 2). This is because children are likely to be weary due to the many rituals performed during this day or due to

the large crowd that gathers, which makes it impossible for children to go near the grave site. The church representative should therefore ensure that the grave site is sealed to enable all family members to be near the grave.

The persons assigned to care for the bereaved children should make sure that children are near the grave site, ready to actively participate in the burial ceremony. In Kenya the most important rituals that are performed at the grave site include the sprinkling of soil on the top of the coffin after it is lowered into the grave; covering the grave, the laying of the wreaths and planting of flowers around the grave (cf. Section 3.3.6). Although all these rituals are necessary, children can only participate in rituals that are appropriate to their development. They therefore can be given the opportunity to sprinkle the soil on the coffin after the church representatives. This is to ensure that children are not forgotten when other family and community members participate in this ritual. Children, assisted by their caregivers can also lay the wreaths and if they want to plant flowers they should be allowed to do so. By participating in these rituals, children could accept that their parents will never return and this will help them to accept the reality of death.

In other words, their participation enables them to ‘let go’, thus bidding farewell to their beloved parents. According to Cook and Oltjenbruns (1998:98), grief healing normally takes six months to one or two years. Given this understanding, the family, community or church should continue to support children in coping and adjusting to the death of their parents. Therefore, the following section is a discussion on interventions that may be used to respond to the children’s situation after their parents are buried.

### **5.3.3 Caring for children orphaned through HIV and AIDS after the burial of their parents**

Children’s grief and grief-related issues call for the intervention of the family, community and the church. Children, like adults, should be provided with the sustaining presence of the church to comfort and to console them in their sorrow. This would involve reconciling children with other people, helping them to be reconciled to God as well as sustaining and guiding them in their journey to recovery from loss. This section therefore explores various

interventions that are relevant in responding to children's grief after their parents are buried. Grief experiences are responded to, followed by grief-related issues.

### **5.3.3.1 Grief Experiences**

Grief is manifested in various ways: the emotional, cognitive, behavioural, spiritual and physical experiences (cf. Chapter 2). Hence different interventions will be presented in response to these experiences of grief. The interventions include:

- Healing of emotional grief
- Cognitive experience of grief- Exploring children's dreams and the preoccupation with their deceased parents
- Spiritual experiences of grief- Facilitating spiritual growth
- Behaviour and the Physical experience of grief.

#### ***5.3.3.1.1 Emotional healing of grief***

Children orphaned through HIV and AIDS were overwhelmed with grief emotions (cf. Chapter 2) thus, need to be helped in order to experience emotional healing. To assist children towards emotional healing, the church should focus on allowing the bereaved children to tell stories about their grief. Story telling is helpful in assessing and healing children's grief by ventilating their feelings and emotions. Children, however, need to be assured that there are no right or wrong feelings, especially when they are expressing negative feelings. Expressing negative feelings can be problematic for bereaved children and they should therefore be encouraged to express what they feel and be provided with the opportunity to cry in an atmosphere of acceptance, love and care.<sup>85</sup> In Chapter 3 it was argued that crying is a normal way of expressing grief within the African context. When children express their emotions they are able to ventilate them so that they can identify, understand and deal with them.

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<sup>85</sup> Kopp is of the view that, in dealing with children's grief, it is better to act first and then listen. Therefore, the first thing is to meet with the child with open arms, hug, pick the child up or hold him or her on the lap (1983:92). Children can be listened to on various occasions, for instance, during the initial visit after the news of death has been announced and during the funeral consolation service. During the consolation service, children could be offered an opportunity to pay their tributes. This is because time constraints during the funeral service may not allow all children to have the opportunity to pay a tribute.

Furthermore, Kenyan children are taught to respect their elders; they are expected to remain silent when they are with their elders, unless they are given the opportunity to talk. In other words, children within the African context are to be seen but not to be heard (Semenye, 2006:19). For this reason, some children might be unable to express themselves verbally and alternative means should be sought in such instances, for example art therapy. Art therapy can assist children to express their emotions and also help the church to identify children's grief. Sorensen (2008:40) is of the view that the colours children use represent their feelings or emotions. Recognising their grief emotions is helpful because this guides the church to the grief-related emotions that need to be addressed.

Practitioners of pastoral care have the task of helping bereaved children to feel safe as they express their emotions. In this regard, the ministry of presence is necessary. Presence suggests being involved with the bereaved children and offering them God's comfort. It can also form an alternative channel for enabling children to develop attachment in a situation where their parents are dead or they are stigmatised, isolated and rejected by neighbours or relatives. The presence of the church is a good starting point in assisting children to experience emotional healing (cf. Wells, 1988:97).

In assisting children towards emotional healing, the spiritual dimension is of great importance. God's Word could be used, as it calms and heals the broken-hearted. However, the Scriptures should be chosen with care, particularly selecting those which can address individual emotional feelings. Ephesians 4:26-32, for example, can be used to address anger, Psalm 121:7-8 to respond to fear, Psalm 25:16-18 and Psalm 102:18 can be used in loneliness-related grief (Louw, 1998:426-428). In addition to the use of Scripture, the practitioner of pastoral care should pray for the bereaved children. Prayers should focus on the particular needs of such children. Prayers may include the emotional experience of grief and the importance of God's strength as bereaved children struggle to cope and adjust to the environment. The importance of prayer cannot be overemphasised; prayer is the commonest method of approaching God and it is found in all African societies. When people pray they do not 'beat about the bush', but they focus on particular needs such as good health, healing and protection from danger (Mbiti, 1991:61). Thus, prayers can be used for the healing of the emotional grief because prayer carries the idea (from both the

Christian perspective and African traditions) that God listens and answers them. Prayers should be structured according to the cognitive development of the children. Since children have a short attention span, prayers should be made short and brief. Long prayers, moreover tire the children. Practitioners of pastoral care should therefore depend fully on the Holy Spirit to guide their prayers.

Focusing on helping children's emotional healing is one of the goals and functions of pastoral care for children orphaned through HIV and AIDS. However, healing of grief may not follow an even course as the grieving children could have good days, and even weeks or months, only to again experience a period of overwhelming grief. Cues such as anniversaries or remembering the good things the deceased person used to do trigger emotional disturbances which are normally expressed through tears (Estadt *et al.*, 1983:246). This means that thinking triggers and affects emotions. Chapter 2 (Section 2.4.1.1.3) clearly indicates that children orphaned through HIV and AIDS have cognitive experiences of grief.

#### ***5.3.3.1.2 Cognitive grief experiences - Exploring children's dreams and preoccupation of mind with their deceased parents***

Children orphaned through HIV and AIDS experienced dreams and preoccupation of the mind with their deceased parents (cf. Section 2.4.1.1.3), therefore the church's task is to help children attend to the dreams and preoccupation with their deceased parents. In order to address children's pre-occupational and dream issues, children should be helped to focus on the relevant grief issues with raised awareness and to feel the associated pain (Geldard & Geldard, 1999:64). Children orphaned through HIV and AIDS could be encouraged to talk about their deceased parents. This would involve relating detailed earlier memories and relationships and talking about the pain brought about by the loss of their parents. By talking about the loss, children would be able to confront the reality of death. Bowman (1998:81) argues that it is better to address the lingering preoccupation issues than to attempt to evade them. This means that it is better for children orphaned through HIV and AIDS to talk than to remain silent and withdrawn.

Dreams are manifestations of deepest desires and anxieties, often relating to the repressed memories or obsessions, therefore children who experience dreams should be given the opportunity to narrate them to release any negative emotions and for the caregivers to be able to interpret them. Dreams are expressed symbolically and must be interpreted to find their true meanings.<sup>86</sup> For this reason, the importance of having trained caregivers in the bereavement ministry to children cannot be emphasised enough.

The Word of God should be used as one of the resources for helping children orphaned through HIV and AIDS to address their preoccupation and dreams with their deceased parents. The Bible verses chosen need not be about death and grief, but may be on the presence of God and His compassion and concern for the bereaved child's situation. As such, God's promises and assurance can prove to be helpful as they calm and heal the heart and yet permit children orphaned through HIV and AIDS to weep and express their emotions (Wiersbe & Wiersbe, 1985:30-31).

#### ***5.3.3.1.3 The spiritual grief experience: Facilitating spiritual growth***

Children orphaned through HIV and AIDS who were interviewed for this research maintained inappropriate God images (cf. Section 2.4.1.1.4). In some situations, children became angry with God and some of them blamed God for their loss. When children adopt negative God images, the result is a discrepancy between what they believe or think about God and what they do with their grief. In this context, the inappropriate God images need to be deconstructed. The inappropriate images of God or ideas and concepts that are held by children orphaned through HIV and AIDS need to be substituted with more appropriate God images.

The church should therefore listen to narratives by such orphaned children in order to understand their perception of God. Understanding the God images maintained by them could enable the church to help these children to maintain appropriate God images and to use their faith resources constructively and effectively in dealing with their grief. Louw (1998:245) argues that:

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<sup>86</sup> <http://www.near-death.com/experiences/cayce14.html> - (13th June 2014)

The human *nous* tells pastoral care more about human standpoints, perspectives, opinions and vital perceptions. Knowledge about thought content helps a pastoral encounter to access a person's aims, basic priorities and stance in life. Faith consists of a reasonable and rational knowledge regarding God and the Gospel which should be explored in counselling. Transmission of information by means of comprehensible concepts helps to explain the goals and aims of the pastoral encounter in rational categories. The pastoral encounter focuses on the transformation of human thinking.

The above implies that irrational thinking should be eliminated, for such thoughts “latch onto perceptions that are not based on reality”; such perceptions are not “based on facts but on negative emotions” (Louw, 1998:357). The pastoral encounter should aim at transforming the thinking of children orphaned through HIV and AIDS.

#### ***5.3.3.1.4 Behavioural and physical grief experiences***

Responding to behavioural and physical grief experiences poses a challenge to the church, therefore a referral is necessary. Professionals such as clinical pastoral counsellors, clinical psychologists or medical staff could help, as they are competent in providing care for psychological issues or issues needing medical attention.

The preceding section has focused on responding to children's grief experiences. Various interventions aimed at responding to emotional, cognitive and spiritual grief have been suggested. However, it is suggested that referral may be necessary for experiences indicating behavioural and physical grief, because these experiences could be responded to better by a professional such as clinical psychologist.

#### **5.3.3.2 Grief-related issues**

Grief-related issues are associated with the circumstances following bereavement and the parental status of children after the death of one or both of their parents (cf. Section 2.4.1). The church will need to integrate other systems of care to be able to respond to the grief-related issues of children. As discussed in Chapter 4 (Section 4.3.3), an eco-systemic approach is crucial. The eco-systemic approach emphasises the network of connections and structures within the social and cultural context. Thus, the value of the eco-systemic perspective in pastoral care is that the systems can be integrated in offering care to grieving children orphaned through HIV and AIDS. In this research it is suggested that the church

integrates the family, community and institutions (cf. Chapter 4). Therefore, the following discussion focuses on interventions aimed at responding to grief-related issues. These include spiritual nurture; financial support; social issues; and physical health care support.

#### ***5.3.3.2.1 Spiritual nurture***

Spiritual nurture is expected to be the work of the parents (Deut 6:4-9), but when both parents die, children experience lack of spiritual nurture. Even when one parent survives, such a parent is likely to face challenges in providing spiritual nurture to the bereaved children due to problems brought about by HIV and AIDS. The researcher is aware that the church does provide spiritual nurture to children during Sunday school classes, vocational bible schools and camps. However, children could also benefit if spiritual support were extended to their home environments. In other words, ministry to children orphaned through HIV and AIDS includes reaching out to them in their life experiences with compassion.

This is not the case during bereavement periods; Chapter 2 revealed that the church does not pay attention to children before, during and after the burial of their parents, which has left some children with questions related to spiritual matters without anyone responding to them. In responding to the spiritual needs of children, the church could provide them with the safety to mourn, security to build relationships and space to grow in faith, as well as to find solutions to life problems. The concern of the church is to promote lived Christian faith by supporting the children on their journey towards mature faith (cf. Groome, 1980:56). The task of the church is to nurture children orphaned through HIV and AIDS in their spiritual growth. To achieve this task, the church can identify a spiritual provider, one who lives in the neighbourhood. The spiritual provider should make regular visits to the family to provide the children with spiritual care through Scripture reading, religious instructions, prayers and singing, as well as encourage children to attend Sunday school classes.

The function of the spiritual support provider is not one of a counsellor or psychologist, but rather as one who journeys with children, creating a safe space, physically and emotionally, where the children are able to express their feelings honestly and freely and



have the opportunity to build a relationship with God. The relationship is vital for the children as it provides them a sense of security and results in peace and assurance even when children are faced with difficult situations. In other words, the relationship involves children depending on God. To enter into the relationship, children will need Christ's redemption that involves eradication of sin and guilt. Semenye is convinced that children, just like adults, need to understand and accept the Lord Jesus as Saviour and Lord (2006:9).

For this reason, the role of the church is to help children understand and accept Christ Jesus as Saviour and Lord. Thus, children will be reconciled to God and this would enable them to relate to Him. The relationship involves children being adapted to God's family. Paul states that, "The Spirit himself testifies with our spirit that we are God's children" (Romans 8:16). Bereaved children therefore can look affectionately at and trust on God as a Father. In this regard, children become the recipient of God's fatherly care. They can pray to God confidently, knowing that there is no limitation to what God is able to do. Jesus states that the Father who feeds the birds of the air and clothes the lilies care even more for His human children (Matt. 6:26-30). Faith based on this bible text could help children to remain peaceful and still, even when they are faced with difficult situations.

As found in the empirical research, some members of the community treated children with contempt, thus, a broken relationship existed between them. Reconciliation between children and such people is a fundamental aspect in pastoral grief care. Reconciliation helps to experience emotional and spiritual healing and restores relationships. As discussed earlier the church's role is to assist the bereaved children to forgive people who caused them pain in order to restore the broken relationships. This creates an environment where children can relate freely with their peers, which is necessary for their development.

#### ***5.3.3.2.2 Financial support***

By the time parents die, much of the family finances are drained due to expenses such as medical care and food. In most instances, ailing parents were unable to work to earn more money and hence not much money or none at all was left by the time they died. Therefore it became very difficult for children to access basic needs such as food, medical care, housing and clothing once their parents had passed away. As a result, some of the children

had to find work at a very early age to provide for the family and to buy medication for ailing grandparents. Children who were HIV positive faced even greater challenges, as they occasionally could not afford medical care due to lack of finances or ignorance of where specific medical services can be accessed (cf. Section 2.4.1.2.4).

In light of understanding the financial status of children orphaned through HIV and AIDS, the response of the church should be to ensure that the financial needs of children are met. In order to meet such needs, the church should start programmes designed to cater for the financial needs of such children. Different initiatives for generating funds should be put in place. The church offerings on the Sunday prior to the World AIDS Day<sup>87</sup> could, for example, be set aside for the programme. The church could also encourage corporate companies to raise money for the programme. Louw (2008:452) argues that the church is strategically located and is a credible and recognised institution, which can network and mobilise resources from agencies while at the same time being closely linked to the family and community. As such, the church can function as a crucial resource, channel and link to the family and community, thereby addressing the needs of children orphaned through HIV and AIDS.

The church could also integrate the family support system in providing financial support to children orphaned through HIV and AIDS. Integrating the family support care system in pastoral grief care ensures that children orphaned through HIV and AIDS remain within the family environment where they can be offered family care and can grow within their cultural and social context. To achieve this goal, the church could organise the family support care system in any of the three ways set out below; this is however not limited to these suggestions:

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<sup>87</sup> World AIDS Day is held on 1<sup>st</sup> December each year and is an opportunity for people worldwide to unite in the fight against HIV, show their support for people living with HIV and to commemorate people who have died. World AIDS Day was the first ever global health day and the first one was held in 1988 (<http://www.worldaidsday.org/about-world-aids-day.php> - 14th November, 2014).

- A family member moves into the deceased's home and provides care and nurture to the children. The church provides financial support by meeting children's daily needs.
- Bereaved children move into a relative's home. The relative is provided with financial support by the church to enable him or her to cover children's financial requirements.
- Children continue to live in their parents' homes with financial support from the family and the church.

This implies that the family system could assist with practical care, thus providing a support structure for bereaved children and integration when their parents die. The family system is one of the most crucial social institutions for the children as it provides care and nurture and helps the children to learn the basic values of their communities. Kayongo-Male and Onyango (1991:63) have argued that the African traditional family has been a noble feature of African society, especially at times of death and the upbringing of the orphaned children. In traditional African families, children of the deceased were looked after by the extended family, often the uncles and aunts. These children were treated in the same manner as those of the household. As a result, bereaved children had the opportunity to socialise with members of the fostering family. For this reason, Kisembo (1998: 202-203) views the African family support system as the fundamental element of African care where the basic sphere of action can enable children orphaned through HIV and AIDS to be integrated with the extended family. Hence, within the context of HIV and AIDS, it is possible for children orphaned through HIV and AIDS to receive support from relatives before, during and after the burial of their parents.

Another support system that the church needs to integrate in her approach to grief care for children orphaned through HIV and AIDS is the community support system. For the purpose of this research, the community comprises of neighbours and friends. The community cannot be ignored as community members are among the first people to join the bereaved family after the death is announced. They suspend most of their daily activities to mourn with the bereaved family and help with daily chores; they also provide financial support and help with making the arrangements for the funeral (cf. Chapter 3).

The church could therefore integrate the community after burial in providing support to the orphaned children in a variety of ways:

- Several families within the vicinity could group together to nurture children on a short-term basis. Nurturing could be done while children continue to live in their parents' homes. The involvement of the church is necessary for co-ordinating the process.
- Neighbours and friends could appoint volunteers who can become surrogate parents for child-headed households. The volunteer provides children with meals in their homes and the church provides a grant towards the upkeep of the children.
- Neighbourhood volunteers could provide cluster foster care. These people identify various child-headed homes and visit them regularly, providing them with life skills, advising them appropriately and listening to their narratives. It is argued in Chapter 3 that listening to children's narratives helps them to voice their grief. To help the volunteers, the church should provide money for food, clothing, educational materials and other needs of the children.
- The church could start day care centres where pre-school children are provided with care and food while guardians are at work. The church can involve community members by providing them the opportunity to work in centres as care givers.

Children orphaned through HIV and AIDS in Nairobi, Kenya, come from different cultural backgrounds (cf. Section 4.3.4). Hence, it is important for the practitioners of pastoral care to be acquainted with the cultural practices of the children with whom they work. They have to develop the skill of interpathy which can allow them to enter a second culture effectively (cf. Augsburger, 1986:14). The caregivers might need training in order to address the needs of the children and to be able to assist them in coping and adjusting to the death of their parents. Thus, the church should ensure that caregivers are equipped for the task of providing grief care to children and are provided with financial resources to enable them to meet children's needs. In this way, the community support system can help to bring up children orphaned through HIV and AIDS in healthy and happy homes and to ensure that children grow with dignity. It is hoped that such an environment can assist children to cope and adjust to the loss of their parents.

To ascertain that the church offers children affordable financial support, she can also integrate institutional support care that includes the State and NGO sectors. The institutions could provide financial support to children orphaned through HIV and AIDS and allow them to be integrated in the family or community support care systems. Therefore, the responsibility of the church is to identify such orphaned children and together with the funding institutions, select, assess and train particular families that are related to these children to become foster families. This would provide the children with the opportunity to remain in a family type environment. With their families, children orphaned through HIV and AIDS should be supported with food, clothing, school and medical care by the institutions and the accommodating family could be paid a small allowance as a grant. In this case, the funding institutions can monitor the progress of the children and also check how the funds are used to avoid misappropriation or exploitation. The church could also consult with government agencies to establish the possibility of providing children and their fostering parents with grants for the children's general upkeep.

#### ***5.3.3.2.3 Interventions for social issues***

Children who lose their parents through HIV and AIDS face many challenges. Some of these challenges affect their social wellbeing. In the case of this research, children were stigmatised, discriminated against, rejected, isolated and ridiculed, mainly because of being associated with their parents' deaths. As a result, children found it very difficult to cope and adjust to the death of their parents. This situation can be improved through educational campaigns with an effort to change people's attitudes towards children orphaned through HIV and AIDS. The church should educate the society on the impact social issues have on these children.

Since the social issues are due to the way children are treated by society after losing their parents through HIV and AIDS, a programme could also be designed to educate children in how to relate with others, particularly bereaved children. For example, children can be shown a video or photographs focusing on the social impact on children after losing their parents, not necessarily through HIV and AIDS. It is noted in Chapter 3 (Section 3.2.6) that African children enjoy listening to narratives; narratives may hence be formulated on the basis of the results of this research (Chapter 2). Additionally, children should be taught

about love, focusing on the aspect of love being depicted for example as kind and patient (1 Corinthians 13:4-7). The presupposition is that children will change their attitudes towards children orphaned by HIV and AIDS.

#### ***5.3.3.2.4 Physical health care support***

Children who are affected and infected by HIV and AIDS do not suffer the loss of their parents only, but also their own health. This normally worsens when the guardians are impoverished and thus unable to provide basic needs for the children. In regard to this study, children orphaned through HIV and AIDS could not afford medical care due to lack of finances or ignorance of where specific medical services were provided. It is the task of the church to ensure that children are provided with health care support. One of the most important roles of the church towards health care for children orphaned through HIV and AIDS is to help children and their guardians know where children can receive HIV-related medical care. The church, however, might have to pay for services that need to be paid for. This is because the majority of children orphaned through HIV and AIDS who took part in this research live with guardians who were impoverished and, as discussed earlier, were unable to meet the children's basic needs.

Another way that can be used to ensure that children orphaned through HIV and AIDS are provided with medical care is to have the church medical personnel organise medical clinics or camps during certain periods of the year. The society could be made aware of these medical initiatives through the media and when the church meets for worship. The medical personnel should be encouraged to provide their services without payment. It is hoped that this can prompt bereaved children to visit the medical clinics where they can receive medical care, including information on where they can seek medical support. As revealed in Chapter 2, children and their guardians were sometimes unaware of where various medical care services were offered.

## **5.4 Conclusion**

The chapter first focused on presenting a discussion of the data analysis in relation to theory as presented in Chapters 3 and 4. It revealed that children's grief can be categorised as emotional, cognitive, spiritual, behavioural and physical. It was noted that grief was

complicated by circumstances of bereavement and the parental status the children were left in when their parents died. It was argued that although children experienced grief and grief-related issues, the church, as part of the community rarely responds to children's grief before or after the burial of their parents.

Secondly, the chapter focused on presenting the pastoral intervention strategy that the church could use to respond to children's grief. The discussion was based on the fourth objective of this study, which was "to present a pastoral intervention strategy that the church can use to respond to children orphaned through HIV and AIDS in their grief". The strategy also focused on the pragmatic task as described by Osmer (2008:4), who states that strategies of actions that influence desirable outcomes should be formulated. Thus, the pastoral intervention strategy was divided into three sections.

The first section presented interventions aimed at providing grief care to children orphaned through HIV and AIDS before the burial of their parents and various interventions were discussed that focused on:

- Facilitating children about death
- Presenting children with news of death
- Home visitation.

The second section focused on presenting interventions that could be used by the church on the day of the funeral. The interventions include telling the children what to expect when viewing the body; the church funeral service; the burial ceremony and 'letting go'. The third section responded to children's grief and grief-related issues. Various interventions were proposed which focused on addressing emotions due to grief; cognitive grief experiences; spiritual experiences; behavioural and physical experiences of grief. These interventions related to grief. Other interventions responded to grief-related issues and focused on spiritual nurture; financial support; social issues; and physical health care support.

It was noted that the church's presence before, during and after burial is necessary in order to comfort and provide love and demonstrate compassion to the bereaved children. The

skill of listening is regarded as imperative; it enables the children to narrate their experience of grief. This provides an opportunity for children to express their feelings and emotions, which facilitates recovery from grief. To assist children who are unable to express themselves verbally, art therapy was suggested. It was also proposed that Christian religious resources and rituals, as well as cultural rituals, could assist bereaved children to work through their grief. However, it was argued that the church should be cautious to ensure that the rituals are child friendly. It was also established that the church should network with families, communities and relevant institutions in responding to the situations of children orphaned through HIV and AIDS. It was affirmed that integration of these support care systems makes grief care affordable and constructive.

The chapter has presented a pastoral intervention strategy for children who suffer grief after being orphaned through HIV and AIDS. The next chapter comprises the conclusion, recommendations and suggestions for possible further research.



## CHAPTER 6

### CONCLUSION, RECOMMENDATIONS AND POSSIBLE FURTHER RESEARCH

#### 6.1 Introduction

Since the inception of this study, the researcher has endeavoured to examine the experience of grief among children in Nairobi City County, Kenya, who have been orphaned through HIV and AIDS. This concern was triggered after the researcher realised that, in most Kenyan communities, the grief experienced by children orphaned through HIV and AIDS is rarely attended to before, during or after the burial of their parents. This created an urge in the researcher to construct a pastoral intervention strategy for grief care to children orphaned through HIV and AIDS in Nairobi City County, Kenya. The strategy focused on responding to the situation of grieving children. The study was guided by the research question: *What theoretical, theological and contextual pastoral intervention strategy can the church use to provide grief care to children orphaned by HIV and AIDS?* Various open-ended questions (see Appendices 1 and 2) were designed to obtain content in terms of the main research question. To respond to the question, the study employed a literature review and empirical approaches. These approaches provided valuable information about children's grief and the manner in which the church responds to bereaved children's grief before and after the burial of their parents.

Four key objectives guided the researcher throughout the research. The objectives were:

- To demonstrate that children orphaned through HIV and AIDS in Nairobi City County, Kenya, experience grief after losing their parents and therefore require grief care
- To engage with other theoretical disciplines to broaden the understanding of children's grief;
- To provide a pastoral theological perspective towards grief care for children orphaned through HIV and AIDS within an African setting

- To present a pastoral intervention strategy that the church could use to respond to children orphaned through HIV and AIDS in their grief.

This chapter therefore provides a conclusion to the research and makes recommendations.

## **6.2 Research findings and conclusion**

The first chapter of this dissertation presented the introduction and was aimed at setting the pace for the whole research project. In this chapter, the background, the motivation and the rationale for pursuing the research, the research problem and the theological framework were presented. In addition, the research question, objectives of the study and methodology, the definition of terms and the outline of the chapters were presented. Set out below is a brief discussion of the four objectives and the findings from the research.

### **6.2.1 Objective 1: To demonstrate that children orphaned through HIV and AIDS in Nairobi City County, Kenya, experience grief after losing their parents and therefore require grief care**

The first objective was aimed at demonstrating that children orphaned through HIV and AIDS, in Nairobi City County, Kenya, experience grief after losing their parents and therefore require grief care, as discussed in Chapter 2. This objective focused on a descriptive task of practical theology as presented by Osmer (2008:4). An empirical approach was adopted as a way of trying to determine how grief manifested in children orphaned through HIV and AIDS, and how the church provided bereaved children with grief care. ATLAS ti. (2004) software programme was used to analyse the data collected from a sample of orphaned children and pastors in the Makadara and Langata divisions. It was noted that:

- Grief manifested itself in various forms, including emotional, behavioural, cognitive, spiritual and physical effects. It was noted that one or more grief-related emotions were experienced together with other experiences of grief. Out of all the grief experiences, grief emotions ranked first.
- Children's experience of grief was made complicated by circumstances following bereavement and the parental status of the children after their parents' death. It was argued in the chapter that circumstances of bereavement ought to be addressed together with the status of the children.

- When children lose their parents, the church sometimes visits the family to console members but concentrates on the adults and forgets or ignores the children altogether, before, during and after the burial of their parents. The pastors thought that bereaved children do not experience grief because these children are normally seen to be pre-occupied with other things, they may, for instance, be playing outside with other children at the time of their bereavement.
- Pastors also failed to offer grief support and care to children because they were not trained to provide grief care to children. It was established that most of the seminaries do not provide training in grief care for bereaved children.

### **6.2.2 Objective 2: To engage with other theoretical disciplines to broaden the understanding of children's grief**

Objective two sought to engage with other theoretical disciplines to broaden the understanding of children's grief. This objective relates to Chapter 3 and was based on the interpretive task of practical theology as presented by Osmer (2008:4). It was argued in the chapter that children's development is interdependent with children's grief, as each affects the other. To understand children's development, developmental theories were examined. These included: social development as illustrated by Erikson (1963) and Bandura (1977); cognitive development identified by Vygotsky (1978) and Piaget (1969); moral development discussed by Piaget (1932), Kohlberg (1981) and Gilligan (1982); faith stage development by Fowler (1981) and the Christian education perspective; and various writers who have made contributions on the physical development of children.

However, it was argued that African cultures do influence children's development. To understand African children's development, the researcher therefore examined two perspectives: African communal solidarity and its effect on children's development; and African spirituality and its influence on children's development. It was noted that the developmental theories and the notion of the development of African children indicate that each of the developmental processes plays a significant role in the other developmental processes and they affect children's grief. However, African communal life has a major influence on African children's development, as well as on their grief-related experiences.

Grief is a process and understanding what it entails meant exploring different models. These models provided valuable information that helped to understand the process that people go through in responding to loss through bereavement. A vast majority of the texts that were studied referred to the process as occurring in phases and seemed to build on models identified by Spiegel (1977) and Bowlby (1980), therefore these models were examined. Since Worden (1991) describes the grief process as involving tasks of mourning, his model was also examined. However, it was noted that African culture has a profound influence on grieving and mourning, therefore the researcher explored the importance of grieving and mourning from an African perspective to understand African children's mourning process. The African perspective of mourning having been discussed, a typical bereavement setting was then examined to understand the bereavement situation in Kenya. It was anticipated that the discussion would provide information on children's participation during the bereavement period.

The discussion revealed that children rarely participate in rituals during the grieving and mourning period, thus their grief remains largely unresolved. The African and the Kenyan perspectives of grieving and mourning indicated that funeral rituals play a significant role in helping bereaved people work through their grief. Hence some of the funeral rituals were explored. It was interesting to note that, although Africa has different cultural groups, some funeral rituals cut across these groups. It was also noted that, while Western theories are important to understanding the grief process, this certainly differed from the African notion of grief, as African culture affects the grief process.

The research also revealed that different children perceive death differently. The common assumptions included irrevocability, temporality, inevitability and causality. It has been indicated that a child's stage of development is one of the factors that influence children's understanding of death and that the child's understanding and perception of death has some influence on the experience of grief. Exploring such experiences was one of the key tasks of this research. The literature revealed that children experience grief after losing one or both of their parents through death and that there is a wide range of grief experiences that are classified into categories such as emotional, behavioural, cognitive, physical and spiritual.

### **6.2.3 Objective 3: To provide a pastoral theological perspective towards grief care for children orphaned through HIV and AIDS within an African setting**

The third objective of this research was to provide pastoral theological perspective towards grief care for children orphaned through HIV and AIDS within an African setting. This objective was addressed in Chapter 4 and it focused on practical theology's normative task as described by Osmer (2008:4). An exploration of pastoral theological anthropology was found necessary. It was argued that an understanding of the three fundamental elements in theological anthropology was crucial in providing grief care for children orphaned through HIV and AIDS. In designing theological perspectives towards grief care for children orphaned through HIV and AIDS, the researcher sought to understand the nature of being 'human' and the essential qualities possessed by human beings as created by God. The functions of Christology and Pneumatology were also examined. The understanding of these elements of pastoral anthropology formed the foundation for pastoral grief care.

To be able to respond to children's grief, a hermeneutical approach to grief care was proposed. It was argued that goals for grief care were necessary as they provide guidance in responding to children's grief. Therefore goals relevant to grief care for children orphaned through HIV and AIDS were explored. Various models relevant in grief care for bereaved persons, particularly for children orphaned through HIV and AIDS within an African setting were discussed. The first approach which was found relevant in pastoral grief care within an African context is the eco-systemic approach. The eco-systemic approach was found to be useful in pastoral care because systems (family, community and institutions), more specifically the family and community, play a significant role in the development and nurturing of African children. An intercultural approach to pastoral grief care was discussed. It was indicated that practitioners of pastoral care should work within the context of the people they are helping. In this regard, it was argued that pastoral grief care within an African context should make use of rituals and symbols. The performance of rituals can help children to work through their grief. Compassion was noted to be necessary in pastoral care. Compassion could move the church to a point at which she is compelled to act.

In addition to the hermeneutical approach to grief care, various pastoral grief care models of good practice were explored. The models were:

- The healing model
- The reconciliation model
- The sustenance model
- The guidance model.

#### **6.2.4 Objective 4: To present a pastoral intervention strategy that the church can use to respond to the grief of children orphaned through HIV and AIDS**

The fourth and final objective was to present a pastoral intervention strategy that the church could use to respond to the grief of children orphaned through HIV and AIDS. This objective was consistent with the pragmatic task as described by Osmer (2008:4) and featured in Chapter 5. The chapter commenced with a discussion of the data analysis in relation to the theory that was investigated. The discussion formed the basis for the development of the pastoral intervention strategy, which was divided into three sections.

The first section focused on presenting interventions that can be used by the church to provide grief care to children before the burial of their parents. The interventions focused on the following:

- Facilitating children about death: It was argued that children should be taught the concept of death as early as possible because their understanding of the concept of death has an impact on their grief.
- Presenting children with news of death: It was argued that children should be informed about their parents' death individually, because children at different age levels have different perceptions of the meaning of death and process such news differently.
- Home visitation: It was noted that the church needs to visit the bereaved family in order to comfort them. Thus, intervention in the form of home visitation was proposed. Central to this intervention was providing children with the opportunity to participate in funeral rituals.

The results of the empirical research (Chapter 2) revealed that children orphaned through HIV and AIDS were not provided with the opportunity to perform rituals pertaining to the day of the burial. The second section therefore proposes interventions that the church can use to respond to grieving children's situations on the day of the burial. These interventions include:

- Telling children what to expect when viewing the body: This focused on helping the children to view the body by informing them of what to expect before the viewing. This is meant to enable children to decide whether or not they want to participate in burial rituals and to avoid unnecessary surprises that come with children not knowing what to expect when viewing the body.
- Church funeral service: This is aimed at helping children to participate in the funeral rituals. It was argued that children who are provided with the opportunity to participate in the funeral rituals feel loved and cared for. The church funeral service furthermore is also aimed at comforting the bereaved family.
- Burial ceremony: It was argued that the church should ensure that children are near the grave site and are ready to actively participate in this ceremony. The ceremony is necessary as it helps bereaved children to accept that their parents will never return. In other words, their participation enables them to 'let go', thereby saying farewell to their beloved parents.

The empirical results of this study (Chapter 2, Section 2.4.1.1) revealed that children's grief is evident in emotional, cognitive, behavioural, spiritual and physical experiences. Consequently, the church must take cognisance of the fact that children orphaned through HIV and AIDS need to be provided with grief care after the burial of their parents. In this regard, the third section offered a discussion of various interventions that are relevant in responding to children's grief after the burial of their parents. Several interventions are suggested:

- The first intervention focuses on addressing emotions related to grief. It was argued that the church needs to pay attention to children by listening to their narratives. Listening to children provides them with the opportunity to express their feelings and this facilitates healing of grief.

- The second intervention is aimed at responding to grief experiences of a cognitive nature to help children focus on the dreams and pre-occupation with their parents with awareness. It was argued that children should be encouraged to talk about their deceased parents and this involves earlier memories and relationships and pain brought about by the loss of their deceased parents.
- The third intervention is focused on spiritual grief. These experiences are best addressed through deconstruction of negative God images and substituting such images with more appropriate God images.
- Referral was found necessary for the behavioural and physical grief-related experiences. This is because these experiences can be handled better by professionals such as clinical pastoral counsellors or clinical psychologists.

The empirical research further indicated that children orphaned through HIV and AIDS also suffered from grief-related issues. In response to grief-related issues, various interventions are suggested.

- The first intervention is intended to provide children with spiritual nurture. It was argued that the church has a responsibility to provide spiritual nurture to children orphaned through HIV and AIDS after the death of one or both parents.
- Financial support interventions were suggested, and it was proposed that the church should work closely with families, communities and institutions in providing children with grief care. This was aimed at ensuring affordable financial support for children.
- In relation to social issues, education and training towards changing people's attitudes and perceptions towards children orphaned through HIV and AIDS were found necessary, thus such interventions are proposed.
- Another intervention is focused on support for physical health care and it was argued that children and their guardians should be provided with information about health care facilities available for children who are HIV positive. The church could also provide medical care to children orphaned through HIV and AIDS through medical clinics.



### **6.3 Recommendations**

The culmination of this project necessitates the making of recommendations that will aid the church in responding better to the grief experienced by children orphaned through HIV and AIDS. This is set out below:

#### **6.3.1 Implementing the pastoral intervention strategy**

The researcher recommends that pastoral grief care should be extended to children. This is because children, like adults, do experience grief (Chapter 2, Section 2.4.1.1). A pastoral intervention strategy that can be used towards grief care for bereaved children, particularly those children orphaned through HIV and AIDS, is proposed. The researcher has argued that the church should work closely with families, communities and institutions in responding to the situation of grieving children orphaned through HIV and AIDS. Thus, various interventions focusing on providing grief care to bereaved children before the burial of their parents, during the burial day, and after the burial of their parents were discussed.

#### **6.3.2 Transforming socioeconomic structure: An obligation of the church, civil society and the government**

As discussed in Chapter 2, families looking after children orphaned through HIV and AIDS in Nairobi City County, Kenya are impoverished. This state of affairs has led to a majority of the children interviewed going to bed without a meal. For the families to care for these children, the church, in partnership with civil society organisations and government institutions, should take full advantage of their influence and resources to eradicate poverty. They should also create an environment within which such care givers are able to feed themselves and the orphaned children in their care.

#### **6.3.3 Ministry of advocacy**

While this research advocates for children's integration into the family and community system of care and support, the church and the government have an obligation to ensure that children are not abused in their foster homes. As such, the practitioners of pastoral care need to regularly visit the children and where such abuse is detected, proper measures should be taken and those involved should be brought to book without fear or favour.

#### **6.3.4 Improving theological training and building an ecclesial community of care**

The results of the empirical research (Chapter 2, Section 2.4.2.1) revealed that the majority of the pastors did not provide grief care to bereaved children. The problem was to some extent attributed to lack of training offered to pastors in the area of grief care and also to the curriculum followed in local theological colleges where some of these pastors had been trained. The church hence needs to develop a contextualised theological education curriculum for local theological colleges in order to equip pastors with knowledge and skills with regard to HIV and AIDS, pastoral grief care for bereaved children, and pastoral care in the context of poverty.

Furthermore, members of the congregation should be sensitised regarding grief care for children orphaned through HIV and AIDS as a way of equipping them to be agents of pastoral care in such instances. The work of caring for the children orphaned through HIV and AIDS cannot be left to pastors alone. The whole congregation needs to be empowered with basic counselling skills related to grief care for bereaved children.

#### **6.3.5 Referral**

The basic understanding regarding the referral process is that a pastoral care giver should never attempt to do what someone else can do better. It was noted that some children orphaned through HIV and AIDS needed specialised care, especially when the pastoral care giver's competence is limited. For example, where bereaved children are HIV positive, and are infected with opportunistic diseases. It then follows that when a care giver is working with such children, they should first be referred to a clinic where medical treatment can be provided before any other form of care can be offered. Infected and affected children who experience psychiatric problems such as depression or any anxiety disorders should likewise be referred to a psychiatric clinic where specialised care can be provided.

#### **6.4 Possible further future research**

This research was conducted in Nairobi City County of Kenya among children of between the ages of six and twelve who were orphaned through HIV and AIDS. As explained in Chapter 1 of this study, HIV and AIDS remain a major challenge in Africa, particularly in

sub-Saharan Africa. This has resulted in this region having 14.8 million children orphaned through HIV and AIDS at the end of 2010, compared to the global figure of 16 million. This is an indication that most children orphaned through HIV and AIDS are in sub-Saharan Africa. In light of the above, the following are possible areas for future research:

- A study can be conducted among children orphaned through HIV and AIDS between seven and eighteen years of age to determine their situation. Such a study could employ a questionnaire as it will make it possible to incorporate more participants.
- It is also necessary to engage in comparative studies that examine the situation of grieving children orphaned through HIV and AIDS who are living in rural areas and those living in urban areas.
- Comparative studies could also be conducted to establish the circumstances under which children orphaned through HIV and AIDS grieve in various African countries. This could be of assistance to practitioners of pastoral care as they attempt to offer care and support to bereaved children within the African setting.

## **6.5 General Conclusion**

This study presents a contribution towards an understanding of children orphaned through HIV and AIDS grief situation and the role of the church in providing these children with grief care. An empirical research was conducted and it revealed that children were overwhelmed by grief. Grief reactions manifested in emotions, cognitions, behaviour, spiritual and physical experiences an indication that the whole person is affected by the death of a loved one. However, adults surrounding the children assumed they were not affected by the death of their parents. Grief was also heightened by the events that transpired after the death of their parents as well as the parental status of children as double orphans, maternal orphans and paternal orphans. Almost half of the bereaved children were double orphans and this type of parental status was challenging to the children as their basic needs were rarely met. Despite the fact that children were overwhelmed by grief and grief related issues when their parents died, the family, community and the church rarely provided them with grief care. This failure is attributed to the fact children are hardly ever

present when adult are grieving and mourning. Furthermore, the church members are not equipped with skills that are necessary to provide grief care to bereaved children.

In order to broaden the understanding of grieving children orphaned by HIV and AIDS situation various theoretical perspectives were explored. The discourse on child development showed that children's grief affects their development and their development affects their grief. Of significant note is that development of African children is greatly influenced by African communal solidarity and African spirituality. The discussion on grief process revealed that grief emotions are the main features of grief and that in order to experience grief recovery a bereaved person has to work through four tasks of mourning. Grief and mourning within the African (Kenyan) setting falls within communal existence and indication that death in a family is a concern not only for the family but also for the clan, relatives, friends as well as the neighbours. There are rituals that are performed by mourners particularly the family members and the rituals are culturally determined. The rituals play a significant role in processing grief. However, children seldom participate in performing the rituals. The children therefore do not mourn and retain unresolved grief. This can be avoided if children are provided with grief care.

It was established that pastoral care is relevant in responding to children's grief. The effectiveness of pastoral care is a result of the Holy Spirit who empowers believers for service. However, pastoral care givers should appreciate that children orphaned through HIV and AIDS, just like other people, possess human dignity endowed to them by God. It was argued that the church should incorporate the family, community and the institutions for the facilitation of grief care. The family and community play a vital role in rearing of children within the African context. Children come from various cultural backgrounds therefore the use of an intercultural approach would be imperative.

It was revealed that setting goals is necessary in pastoral care as they guide pastoral grief care. Pastoral grief care to children orphaned through HIV and AIDS should assist children to experience grief healing. Forgiveness is relevant in pastoral care to such children particularly when they encounter profound stigma and discrimination. Forgiveness helps in restoring broken relationships. Children will also need to be sustained particularly with

practical support, for example providing basic needs. Pastoral care should also focus on assisting children to make decisions and choices.

Based on the discussion above, the pastoral intervention strategy is recommended with the practitioner of pastoral care as the key player. In the pastoral intervention strategy the church is equipped to assist children orphaned through HIV and AIDS to cope and adjust to the death of their parents.

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## **APPENDIX 1**

### **INSTITUTION AND PROGRAMME INFORMED CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH**

---

#### **GRIEF CARE TO CHILDREN ORPHANED THROUGH HIV AND AIDS WITHIN NAIROBI CITY, COUNTY KENYA: TOWARDS A PASTORAL INTERVENTION STRATEGY**

My name is Janet Nguru, a Doctoral research student at the University of Stellenbosch South Africa. I have selected your institution/programme as one of the participating teams because you provide support care to children orphaned by HIV and AIDS and I request that you help me in undertaking this research. As the institutional or programme head, my research will presume that you are the guardian of these children.

#### **Purpose of the study**

The purpose of the study is to develop a pastoral strategy for grief care to children orphaned by HIV and AIDS.

#### **Procedures**

I will hold focused group discussions with 6 children. In collecting my data, I will use a tape-recorder and later transcribe this data in a written form before doing an analysis.

#### **Potential benefits to subjects and/or to society**

The results of this study will be used to develop a pastoral strategy that could be used to provide pastoral grief care to children who lose their parent or parents.

#### **Payment for participation**

Children will not be paid to take part in the study. Participation in the study is voluntary.

### **Confidentiality**

Any information that is obtained in connection with this study and that can be identified with the children will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by not taking children's photographs and any recorded information will be retained by me. Since the research is part of a dissertation, I will not quote their names but will use a code.

### **Participation and withdrawal**

You may decide whether the children should participate in this study or not. If you allow them to participate, you may withdraw at any time without consequences of any kind.

### **Identification of investigators**

If you have any questions or concerns about the research, please feel free to contact me: at [ngurujamet@gmail.com](mailto:ngurujamet@gmail.com) or through Telephone Number: 0707181774

### **Rights of research participants**

As the guardian of the children, you may withdraw your consent at anytime or stop children from participation without any penalty. You are not waiving any legal claims, rights or remedies because of their participation in this research. If you have questions regarding their rights as research participants, kindly contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); +27 021 808 4622, South Africa] Division for Research Development, University of Stellenbosch, South Africa.

<b>SIGNATURE OF THE HEAD OF INSTITUTION/PROGRAMME</b>
---

The information above was described to me by Janet Nguru in English/Kiswahili and I am eloquent in this language. I \_\_\_\_\_ was given the opportunity to ask questions and the questions were answered to my satisfaction.

I hereby consent that NAME \_\_\_\_\_ AGE \_\_\_\_\_  
participate in this study.

\_\_\_\_\_  
NAME OF THE HEAD OF PROGRAMME/INSTITUTION

\_\_\_\_\_  
SIGNATURE OF THE HEAD OF PROGRAMME/INSTITUTION      Date

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_.  
[He/she] was encouraged and given ample time to ask me any questions. This conversation  
was conducted in Kiswahili and English and no translator was used.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

## **APPENDIX 2**

### **ASSENT: EXPLANATION TO THE CHILDREN ON THE NATURE OF THE RESEARCH**

My name is Janet Nguru from Stellenbosch University, South Africa. I am conducting a research on grief care to orphaned children within the Nairobi Province, Kenya. The primary purpose of the research is to help orphaned children and to develop a pastoral strategy which could be used to provide pastoral grief care to children who are bereaved of their parents.

I would request that you participate in this study as we discuss your experiences on the loss of your parent or parents. Therefore, feel free to share with me, as the discussion will remain confidential and it will not be shared with other people without your permission.

Thank you very much.

Yours faithfully,

JANET NGURU

Faculty of Theology

Stellenbosch University

South Africa

Tel: 0707181774

### **APPENDIX 3**

#### **ASSENT BY THE CHILD**

I ....., having understood the nature of the study by Janet Nguru telephone number 0707181774, as detailed in the assent explanation, do hereby give assent to participate in the study. I understand I am free to withdraw from participating in this research any time I choose without penalties or victimisation.

Full Name \_\_\_\_\_

Date \_\_\_\_\_

**SEEN BY:**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **APPENDIX 4**

### **GUARDIAN'S INFORMED CONSENT FOR CHILDREN TO PARTICIPATE IN RESEARCH**

#### **GRIEF CARE TO CHILDREN ORPHANED BY HIV AND AIDS WITHIN NAIROBI CITY COUNTY KENYA: TOWARDS A PASTORAL INTERVENTION STRATEGY**

My name is Janet Nguru, a doctoral research student at the University of Stellenbosch South Africa. I have selected \_\_\_\_\_ to participate in a study that I am conducting and request that you assist me in this undertaking. The child has been randomly selected from a sample of children orphaned by HIV and AIDS.

#### **Purpose of the study**

The purpose of the study is to develop a pastoral strategy to provide grief care to children orphaned by AIDS.

#### **Procedures**

I will hold focus group discussions with 6 children. To collect data, I will use a tape-recorder and later transcribe this data in a written form before doing an analysis.

#### **Potential benefits to subjects and/or to society**

The results of the study will be used to develop a pastoral strategy that could be used to provide pastoral grief care to children who lose their parent or parents.

#### **Payment for participation**

Children will not be paid to take part in the study. Participation in the study is voluntary.

### **Confidentiality**

Any information that is obtained in connection with this study and that can be identified with the children will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by not taking children's photographs and any recorded information will be retained by me. Since the research is part of a dissertation, I will not quote their names but will use a code.

### **Identification of investigators**

If you have any questions or concerns about the research, please feel free to contact me at [ngurujamet@gmail.com](mailto:ngurujamet@gmail.com). or through Telephone Number: 0707181774.

### **Rights of research participants**

As the guardian of the child you may withdraw your consent at anytime or stop the child from participating without any penalty. You are not waiving any legal claims, rights or remedies because of their participation in this research study. If you have questions regarding the child's rights as a research participant, kindly contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); +27 021 808 4622, South Africa], Division for Research Development, University of Stellenbosch, South Africa.

<b>SIGNATURE OF THE GUARDIAN</b>
----------------------------------

The information above was described to me by Janet Nguru in English /Kiswahili and I am eloquent in this language. I \_\_\_\_\_ was given the opportunity to ask questions and the questions were answered to my satisfaction.

I hereby consent that NAME \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ can participate in this study and that Ms Janet Nguru can access to records held  
on the child.

\_\_\_\_\_  
NAME OF GUARDIAN

\_\_\_\_\_  
SIGNATURE OF GUARDIAN

\_\_\_\_\_  
Date

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information in this document to \_\_\_\_\_.  
[He/she] was encouraged and given ample time to ask me any questions. The conversation  
was conducted in Kiswahili and English and no translator was used.

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

## **APPENDIX 5**

### **PASTOR'S INFORMED CONSENT TO PARTICIPATE IN THE RESEARCH**

#### **GRIEF CARE TO CHILDREN ORPHANED BY HIV AND AIDS WITHIN NAIROBI CITY COUNTY KENYA: TOWARDS A PASTORAL INTERVENTION STRATEGY**

You are asked to participate in a research study conducted by Janet Nguru, a doctoral research student at the University of Stellenbosch. You have been selected to participate in the research because of your church's involvement with the family during the bereavement period and I would like to understand how the church provides grief care to children orphaned through HIV and AIDS when either or both of their parents die.

##### **1. Purpose of the study**

The primary purpose of this research is to help children orphaned through HIV and AIDS. The aim is to develop a pastoral strategy which could be used to provide pastoral grief care to grieving children.

##### **2. Procedures**

I kindly request you to participate in this study. This will be in the form of a semi-structured interview in which some questions will be asked concerning grief care to children orphaned through HIV and AIDS.

##### **3. Potential benefits to subjects and/or to society**

The results of this study will be used to develop a pastoral strategy that could be used to provide pastoral grief care to children who lose their parent or parents.

##### **4. Payment for participation**

You will not be paid to take part in the study. Participation in the study is voluntary. If you choose to join the study, kindly participate freely in the discussions.

## **5. Confidentiality**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by not taking your photographs and any recorded information will be retained by me. Since the research is part of a dissertation, I will not quote your name but will use a code.

## **6. Participation and withdrawal**

You can choose whether to participate in this study or not. If you volunteer to be part of the study, you may withdraw at anytime without consequences of any kind.

## **7. Identification of investigators**

If you have any questions or concerns about the research, please feel free to contact me at [ngurujamet@gmail.com](mailto:ngurujamet@gmail.com). or through Telephone Number: 0707181774

## **8. Rights of research subjects**

You may withdraw your consent at any time and discontinue participation without any penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, kindly contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); +27 021 808 4622, South Africa], Division for Research Development, University of Stellenbosch, South Africa.

<b>SIGNATURE OF RESEARCH SUBJECT</b>
--------------------------------------

The information above was described to me by Janet Nguru in English /Kiswahili and I am eloquent in this language. I \_\_\_\_\_ was given the opportunity to ask questions and the questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study.

---

Name of Participant

---

Signature of Participant

---

Date

<b>SIGNATURE OF INVESTIGATOR</b>
----------------------------------

I declare that I explained the information given in this document to \_\_\_\_\_.  
[He/she] was encouraged and given ample time to ask me any questions. The conversation  
was conducted in *Kiswahili* and English and no translator was used.

---

Signature of Investigator

---

Date

## **APPENDIX 6**

### **SEMI-STRUCTURED FORMAT**

1. In your church, do you have children orphaned by HIV and AIDS?
2. If yes, what support do you provide for them?
3. Does your church minister to people during funeral arrangements?
4. If yes, is it common practice to attend specifically to children's needs?
5. If yes, what needs do you attend to?
6. In your church, are children orphaned by HIV and AIDS provided with pastoral grief care and helped to overcome grief after the death of their parent or parents?
7. If yes, what care do you provide?

## **APPENDIX 7**

### **FORMAT FOR THE FOCUS GROUP**

1. What were your experiences after either one or both of your parents died?” You can start by telling me who you live with.
2. How did you learn about your parent or parents’ death?
3. Please tell me the problems you experience as you live with other people.
4. Did the people from the church come to visit you?
5. Did they talk with you?
6. What did you think about God?
7. Do you have any questions?



## APPENDIX 8

### STELLENBOSCH UNIVERSITY ETHICAL CLEARANCE CERTIFICATE



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY  
jou kennisvenoot • your knowledge partner

4 October 2010

Tel.: 021 - 808-9183  
Enquiries: Sidney Engelbrecht  
Email: [sidney@sun.ac.za](mailto:sidney@sun.ac.za)

Reference No. 386/2010

Ms J Nguru  
Department of Practical Theology & Missiology  
University of Stellenbosch  
**STELLENBOSCH**  
7602

**MAILED and E-MAILED**

Ms J Nguru

#### APPLICATION FOR ETHICAL CLEARANCE

With regards to your application, I would like to inform you that the project, *Grieve care to children orphaned by HIV and Aids within Nairobi Province: Towards a pastoral strategy for identification*, has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.
4. The researcher/s implements the suggestions made by the mentioned by the Research Ethics Committee (Human Research) in order to reduce any ethical risks which may arise during the research.

We wish you success with your research activities.

Best regards



**MR SF ENGELBRECHT**  
Secretary: Research Ethics Committee: Human Research (Non-Health)

Afdeling Navorsingontwikkeling • Division of Research Development  
Privaat Sak/Private Bag XI • Matieland 7602 • Suid-Afrika/South Africa  
Tel: +27 21 808 4985 • Faks/Fax: +27 21 808 4537

## APPENDIX 9

### NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY, RESEARCH AUTHORISATION

REPUBLIC OF KENYA



### NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY

Telegrams: "SCIENCETECH", Nairobi  
Telephone: 254-020-241349, 2213102  
254-020-310571, 2213123.  
Fax: 254-020-2213215, 318245, 318249  
When replying please quote

P.O. Box 30623-00100  
NAIROBI-KENYA  
Website: [www.ncst.go.ke](http://www.ncst.go.ke)

Our Ref: NCST/RRI/12/1/SS/586/3

Date: 29<sup>th</sup> June 2010

Ms. Janet Nguru  
University of Stellenbosch  
SOUTH AFRICA

Dear Madam,

#### RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on "*Grief care to children orphaned by HIV & AIDS within Nairobi Province Kenya: Towards a pastoral strategy for identity formation*" I am pleased to inform you that you have been authorized to undertake research in Makadara and Langata in Nairobi Province for a period ending 28<sup>th</sup> February 2011.

You are advised to report to the Provincial Commissioner and the Provincial Director of Education, Nairobi Province before embarking on the research project.

On completion of the research, you are expected to submit two copies of the research report/thesis to our office.

  
P. N. NYAKUNDI  
FOR: SECRETARY/CEO

10-9-2010  
NB. AUTHORITY GRANTED TO  
CARRY OUT RESEARCH

Copy to:

The Provincial Commissioner  
Nairobi Province  
The Provincial Director of Education  
Nairobi Province



  
FOR: PROVINCIAL DIRECTOR OF EDUCATION  
NAIROBI PROVINCE  
P.O. Box 74629 - 00200, NAIROBI.